



# FATIMA JINNAH MEDICAL UNIVERSITY, LAHORE

## Checklist for CIERB

### Submission of Research Proposal

This checklist is developed to aid investigators to prepare a complete application and to aid expedite the review process by the Combined Institutional Ethical Review Board.

PRINCIPAL INVESTIGATOR NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSTITUTE \_\_\_\_\_

- A copy of IRB-ERC Application form with checklist.
- A copy of Research Protocol/ Proposal duly signed by Head of Unit.
- Research proposal made on following format:
  - A4 size paper with double space, on one side of each page
  - Font size should be 12
  - Font should be “Times New Roman”
- A copy of informed consent both in English and Urdu or any other local language of the study’s population.
- A copy of Research / Project Questionnaire/ Tool (in English and Urdu or any other local language of the study’s population) being administered during the study (if applicable).
- I have made a copy of this entire proposal for my files.
- I have submitted the application form, research proposal and informed consent with Urdu translation by e-mail at [cierb@fjmu.edu.pk](mailto:cierb@fjmu.edu.pk)
- I have checked the plagiarism according to HEC plagiarism policy and if plagiarism found, I will be responsible.
- Ethical consideration according to NBC guidelines
- Lists of authors according to their contribution and authorship criteria as mentioned by ICMJE.

\_\_\_\_\_  
Name and Signature: Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Supervisor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Chairman of the Department

\_\_\_\_\_  
Date



**Department of Medical Education & Educational Research**  
**Fatima Jinnah Medical University/Sir**  
**Ganga Ram Hospital Lahore**  
Ph: 99203718 Ext: 524



No. \_\_\_\_\_/CIERB

Dated: \_\_\_\_\_

**CIERB RESEARCH PROPOSAL SUBMISSION FORM**

Name of Principal Investigator (PI): \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Mobile/Land Line No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Title of Study \_\_\_\_\_

Place of Study \_\_\_\_\_

**List of Authors Contributing in the Research**

Sr. No.	Author	Designation	Department	Institution	Contribution	Contact No.
1.						
2.						
3.						
4.						
5.						

**Note:** Please note no more names can be added after approval.

Proposed beginning date of study \_\_\_\_\_ Estimated duration of study \_\_\_\_\_

**Please refer to instructions while completing this form.** The application may be typed (Time New Romans 12)

**1. Describe in detail the research procedures under following heads**

- a. Introduction include magnitude of problem and current local, national and international information available on the research topic
- b. Rationale should be at the end of introduction in separate paragraph
- c. Objectives
- d. Operational definitions
- e. Subject and methods
  - Place of study
  - Duration of study
  - Sample size
  - Study design
  - Sampling technique
  - Statistical test
  - Inclusion criteria
  - Exclusion criteria
  - Detail methodology
    - Data collection procedure
    - Data analysis procedure
  - Follow up
  - Utility of the study
- f. References (not older than 5 years, must include local or national study, Vancouver style)
- g. Research tool/ questionnaire
- h. Consent form (English and Urdu)

**2. Has this proposal been submitted to/approved by any other Institute? Yes  No**

**If 'YES', Please attach the comments/approval form of the institute.**

