

SRI VENKATESWARA DENTAL COLLEGE & HOSPITAL, CHENNAI
Institute Ethics Committee

Expedited Review Application Form

Project ID No.: _____ (To be filled by IEC Secretariat)

1. Principal Investigator's Name: _____
2. Title of Project: _____
3. Brief description of the project (attach one page summary of the proposal)
4. State reasons why expedited review from IEC is requested? (Tick applicable)
 - a. Activity is limited to data analysis or health record research
 - b. Anonymous survey/ retrospective chart review:
 - c. Analysis of discarded pathological specimens/ stored paraffin blocks without personal identifiers:
 - d. Proposal involving previously banked materials and/ or tissues as per policies of respective authorities like – tissue repository:
 - e. Research involving clinical materials (data, documents, records, or specimens) that has been collected for non-research (clinical) purposes
 - f. Study related documents such as:
 1. Minor deviations from originally approved protocol
 2. Inclusion or deletion of name/s of co-investigator/s
 3. Request for change in PI or hand over of trials or projects
 4. Minor amendments in the protocol.
 5. Minor corrections in budget
 - g. Other administrative revisions like change in the name, address of sponsor
 - h. Change in contact details of PI and IEC
 - i. Are children included in the study?
 - j. Does the research involve vulnerable population?

- k. Does the study involve more than minimal risk?
- l. Any other

Reasons: _____

Recommendation by the IEC Member Secretary:

Discussion at full board

Signature of the Member Secretary: _____

Date _____

Final Decision:

Reasons _____

Signature of the Chairperson: _____ Date _____

Final Decision at Full Board meeting held on _____