**CHECKLIST FORM**

Submit all the documents at least **FOUR (4) WEEKS** before the next scheduled UHREC meeting.

1. **TWO (2)** hardcopies of all related documents to the UHREC Secretariat
2. **Email the softcopy** of the application to **uhrec@unisza.edu.my**

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| --- | --- |
| **Research Title** |  |
| **Principal Investigator** |  |
| **Date of Submission** |  |
|  |  |
| **No** | **Document** | **Applicant** | **Secretariat**  |
| **Compulsory Documents. Please (√)**  |
|  | Checklist Form (UniSZA-PTPIP-42-GP 001-BR 003(01) |  |  |
|  | Application Form (UniSZA-PTPIP-42-GP 001-BR 004(01) |  |  |
|  | Research Proposal (UniSZA-PTPIP-42-GP 001-BR 005(01) |  |  |
|  | Research Information Sheet (UniSZA-PTPIP-42-GP 001-BR 006(01) |  |  |
|  | Maklumat Kajian (Malay) (UniSZA-PTPIP-42-GP 001-BR 007(01) |  |  |
|  | Informed Consent Form (English) (UniSZA-PTPIP-42-GP 001-BR 008(01) |  |  |
|  | Borang Keizinan Subjek (Malay) (UniSZA-PTPIP-42-GP 001-BR 009(01) |  |  |
|  | Curriculum Vitae (CV) of researchers (excluding post/ undergraduate student) (UniSZA-PTPIP-42-GP 001-BR 010(01) |  |  |
|  | Research Tools (*e.g. Data Collection Forms, Questionnaires*)  |  |  |
|  | Approval Letter from the Faculty/ Institute Research Committee |  |  |
|  |  |  |  |
|  | **Additional Documents (*if applicable*)**  |
| 1. | Other Institutional Ethics Approval (*e.g. NMRR*) |  |  |
| 2. | Approval Letter from related agencies/ institution |  |  |
| 3. | Grant Approval Letter from related agencies/ institution |  |  |
| 4. | Investigator’s Brochure  |  |  |
| 5. | Statement Insurance and/or Indemnity Coverage |  |  |
| 6. | An appointment letter as the contract researcher from companies/ industries with related multi-centered and multi-national trial document |  |  |
| 7. | Other Related Documents |  |  |

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| **FOR UHREC SECRETARIAT PURPOSES ONLY** |
| Protocol Code |  |
| Is the submission complete? | [ ] Yes [ ] No |
| Completeness Verified By | Name :  |
| Date of Verification |  |
| Status for Review  | [ ] Expedite [ ] Full Board |