EASTERN REGIONAL HEALTH AUTHORITY

Supercare Building,
Eastern Main Road, Sangre Grande

RESEARCH ETHICS APPLICATION FORM

This Application Form must be completed and submitted with your Research Proposal in order to proceed to the Eastern Regional Health Authority's Research Ethics Committee.

1. PROJECT TITLE:

2. PRINCIPAL INVESTIGATOR/ SUPERVISOR	DESIGNATION	EMAIL	TELEPHONE
CO-INVESTIGATORS			

3. ALIGNMENT OT NATIONAL HEALTH RESEARCH AGENDA
Is your research topic in alignment to the National Health Research Agenda for Trinidad and Tobago? Yes ☐ No ☐
State the Strategic Priority Area:
State the Priority Topic:

4. RESEARCH SPONSOR/ FUNDING (if applicable): Yes ☐ No ☐

5. STUDY AIM(S)

6. STUDY OBJECTIVES

7. BRIEF SUMMARY OF RESEARCH BACKGROUND

8. STUDY DESIGN
State Study Design:
Brief Description of Study:
Variables to be collected:

9. TARGET POPULATION

10. RECRUITMENT OF SUBJECTS – INCLUSION & EXCLUSION CRITERIA
State Sampling/Recruitment Method:
Brief Description of Sampling Methodology:
Inclusion Criteria:
Exclusion Criteria:

11. STATISTICAL ANALYSIS
Sample Size & Justification:
Plan for Analysis
Presentation of Data:

12. INFORMED CONSENT	Yes ☐	No ☐
If yes, please provide proposed form to be used.		

13. MEASURES TO ENSURE DATA/INFORMATION CONFIDENTIALITY

14. POTENTIAL RISKS TO PARTICIPANTS	RISK MITIGATING STRATEGIES

15. POTENTIAL BENEFITS OF THE RESEARCH

16. PAYMENT FOR PARTICIPATION	Yes ☐	No ☐
If yes, please provide quantity and reason(s).		

17. OTHER ETHICAL APPROVAL RECEIVED	Yes ☐	No ☐
If yes, please provide copy of approval.		

NAME OF PRIMARY INVESTIGATOR/SUPERVISOR: _____

SIGNATURE: _____ **DATE:** _____