

**HBT MEDICAL COLLEGE & DR. R N COOPER HOSPITAL  
INSTITUTIONAL ETHICS COMMITTEE  
SUMMARY OF RESEARCH STUDY**

<b>1</b>	<b>Title</b>		
		<b>I. Experimental</b> <input type="checkbox"/>	<b>II. Observational</b> <input type="checkbox"/>
<b>2</b>	<b>Study design</b>	<input type="checkbox"/> RCT <input type="checkbox"/> <input type="checkbox"/> Non-RCT <input type="checkbox"/> <input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Cohort study <input type="checkbox"/> <input type="checkbox"/> Case-control study <input type="checkbox"/> <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> <input type="checkbox"/> Ecological Study <input type="checkbox"/>
		<b>I. Based on medical records</b> <input type="checkbox"/>	<b>II. Based on contact with patients</b> <input type="checkbox"/>
<b>3</b>	<b>Study rationale OR Significance of this study in relation to the existing knowledge gaps?</b>		
<b>4</b>	<b>What is your research question?</b>		
<b>5</b>	<b>Primary objective</b>		
<b>6</b>	<b>Secondary objectives</b>		
<b>7</b>	<b>Study population</b>		
<b>8</b>	<b>How will you recruit the study population?</b>		
<b>9</b>	<b>Selection criteria</b>		
<b>10</b>	<b>Study site</b>		
<b>11</b>	<b>Study duration</b>		
<b>12</b>	<b>Sample size</b>		
<b>13</b>	<b>Study Procedure</b>		
<b>14</b>	<b>Cost of investigations, (if any- who will pay for the investigations?)</b>		

<b>15</b>	<b>Contribution/Role of each investigator</b>	
<b>16</b>	<b>Name, Dept, Institute, ORCID of Principal Investigator</b>	