Scientific Research Ethics Form

University	Hawler Medical University
College	medicine
Department	Plastic surgery
Meeting Number of the Department Scientific Committee	
Date (Year/Month/Day)	
Meeting Number of Scientific Research Ethics	
Date (Year/Month/Day)	
Reference Number	

The Ethics protocol otherwise known as The Application for Ethics Approval is comprised of four sections:

Section 1: contact details and the title of the project.

Section 2: Project details

Section 3: Ethics consideration

Section 4: Declaration

Section 5: Decision of Scientific Research Ethics committee

Complete all the four sections and upload it to Scientific Research Ethics committee

Scientific Research Ethics Form

Section 1: contact details and the title of the project.

Project title: The efficacy of Intralesional Hyaluronidase to improve hypertrophic and keloid scars.

Project type: ☐Thesis (Postgraduate study) ☐Graduation project ☒Article

1. **Principle investigator*:**
   **Principle investigator should act as a corresponding author; he has the rights for discussion and follows up of his/her submission of the study. The following information is obligatory.*

Academic Title:	Name:
Qualification:	Affiliation:
Phone:	Email:

2. **If a student:**

Name of your course of study:	Higher diploma in plastic surgery
Name of first supervisor: prof.dr.jalal hama salih	Affiliation:hawler medical college
Phone:07817777709	Email:ahmed.alghadhban@gmail.com
Name of second supervisor:(if present)	Affiliation

Scientific Research Ethics Form

Phone:07817777709	Email:ahmed.alghadhban@gmail.com

Scientific Research Ethics Form

3. Co-Investigator (s):

Academic Title:	Name:
Qualification:	Affiliation:
Phone:	Email:
Explain the role of Co-Investigator	

Academic Title:	Name:
Qualification:	Affiliation:
Phone:	Email:
Explain the role of Co-Investigator	

Academic Title:	Name:
Qualification:	Affiliation:
Phone:	Email:
Explain the role of Co-Investigator	

Scientific Research Ethics Form

4. **Funding of the project** (the organization by which the study is carried out)**:**
   Please tick the following accordingly.

☐ Funded	Agency:
	Submission dates:
☐ Applied for funding	Agency:
	Submission date:
☐ Unfunded	

Scientific Research Ethics Form

Section 2: Project details

1. Aims of the project:	Improving hypertrophic and keloid scars in shape,texture,height,colour ,itching and pain
2. Objectives of the project:people want to improve their scars and refuse surgical intervention	
3. Background/Justification of the project: its an alternative method for improving scars	

4. Duration of the project: one year duration	5. **location of the project: rizgary teaching hospital**
6. Research Design/Materials and Methods (subjects, data collection & analysis)	

Scientific Research Ethics Form

7. Type of questionnaire ☐ Questionnaires requesting intimate personal, identifying, or sensitive information ☐ Internet questionnaires ☐ Face to face interviews which do not request personal or sensitive information ☐ Face to face interviews which request personal or sensitive information ☐ Access to medical records or records which contain intimate personal information, and are individually identifiable and are not publicly available ☐ Focus groups ☐ Others	
8. Detail of the study subjects (Sample): ☐ Adult > 18 years old ☐ Children or young people < 18 ☐ Patients of a hospital or clinic ☐ Prisoners or people in the custody of correctional services ☐ Other (please specify)	
9. Is the project a randomized trial?	☐No ☐ Yes, If yes, please provide details: ☐Controlled ☐Non-controlled
10. Does the project include collection of any biological samples?	☐No ☐ Yes, If yes, please provide details (collection, saving, the way of analysis and their disposal). Biological samples (human pathogenic bacteria and antibiotic which used in treatment):

Scientific Research Ethics Form

Section 3: Ethics consideration

1. Does the research involve any artifacts that are of cultural, spiritual or religious significance to participants?	☐Yes ☐No
2. Does the research involve an unusually dependent relationship between the researcher and any of the research participants? (For example inclusion of patients' clinic).	☐Yes ☐No
3. Could the research place research participants in an unusually vulnerable situation?	☐Yes ☐No
4. Is there any potential risk (physical, emotional, social or legal) to individual participants' wellbeing, beyond that normally encountered in everyday life, as a result of their involvement in the research?	☐Yes ☐No
5. Does the research involve the administration or application of a drug?	☐Yes ☐No
6. Is there any reasonable likelihood that the research will result in the reporting of suspected child abuse?	☐Yes ☐No
7. Is there any potential risk to the researcher's safety, beyond that normally encountered in everyday life, as a result of their involvement in the research?	☐Yes ☐No

Scientific Research Ethics Form

8. Is the study known to involve research into illegal activities and / or legal implications?	☐Yes ☐No
9. Is there any conflicts of interest/dual roles? *If yes, please describe any dual-roles that may impact or may be perceived as impacting the research. Describe any preceding, current or anticipated relationship between the researcher(s) and those individuals/groups being researched.*	☐Yes ☐No

10. Consent (the submission should be specific about the following)

a. Will consent be given in written or verbal form?	☐ Written ☐ Verbal
b. How will research participants be given information about the study?	☐Written ☐ Verbal
c. Time allowed for research participants to decide to participate in the study?	Hour(s) Minute (s)
d. Will research participants be informed of their right to withdraw from the study at any time?	☐Yes ☐No

Scientific Research Ethics Form

Section 4: Declaration

☐ The information supplied is to the best of my knowledge and belief, accurate.

☐ I confirm I have obtained permission to undertake this study from my supervisor and the scientific committee of the department. ***(Note that the application should be reviewed by your supervisor to resolve any methodological problems).***

☐ I understand that I may be invited to explain my research protocol (proposal) to the Committee, either in person or by telephone.

☐ I understand that the Ethics Committee gives Ethical Approval only and does not guarantee the quality or scientific validity of my study.

Signature of Principle investigator: Date:15/7/2025

Signature of supervisor (if applicable): Date:

Scientific Research Ethics Form

Section 5: Decision of Scientific Research Ethics committee

☐ Approved	☐ Need minor amendment
☐ Need major amendments	☐ Not approved

Head of Committee

Member of Committee **Member of Committee**

Member of Committee **Member of Committee**

Scientific Research Ethics Form