(*To be filled by Researcher)*

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| --- | --- | --- | --- |
|  |  | BUERB Code:  (To be assigned by ERB) |  |
|  |  |  |  |
| Funding Agency Protocol Number: |  | Submission Date: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Type of Research |  | Clinical Research |  | Clinical Trial |  | Laboratory Research |
|  | Genetic Research |  | Socio-behavioral |  | Public health |
|  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |

|  |  |
| --- | --- |
| Study Duration |  |

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| Funding Agency: |  |

|  |  |
| --- | --- |
| Researcher/s: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone #: |  | CP #: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E-mail: |  | Means of contact |  | Phone |  | Fax |  | Email |

|  |  |
| --- | --- |
| Institution |  |

**Ethical Responsibility and COI Statement**

I hereby pledge to address all forms of COI that I may have and perform my tasks objectively, protect the scientific integrity of the study, protect all human participants and comply with my ethical responsibilities as Researcher.

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| --- | --- |
| Researcher/s Signature: |  |

Documents submitted:

|  |  |
| --- | --- |
|  | Letter of Endorsement from BU TWG/Letter of Intent or Certificate of Technical Review for Non-BU Protocol |
|  | Certificate of plagiarism check of 15% or less |
|  | Research Protocol |
|  | Informed consent form |
|  | CVs |
|  | BU ERB Form 2.1 |
|  | BU ERB Form 2.2 |
|  | BU ERB Form 2.3 |
|  | BU ERB Form 2.4 |
|  | GCP certificates (if applicable) |

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| --- | --- | --- | --- |
| Received by  BUERB Secretariat: |  | Date: |  |