(*To be filled by Researcher)*

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

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

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

|  |  |
| --- | --- |
| Funding Agency: |  |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.

|  |  |
| --- | --- |
| 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) |

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