

INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth G. S. Medical College and KEM Hospital, Mumbai.

IEC No. of the Project:

Annexure 1 AX 01/SOP 05-C/V 7 Application form for Expedited Review

| Date: | |
|--|-------------------|
| Study Title: | |
| Principal Investigator (Name, Designation & Affiliation): | |
| | |
| 1. Choose reason why expedited review from EC is requested? | |
| i. Involves non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples. | |
| ii. Involves clinical documentation materials that are non-identifiable (Data, Documents, Records).iii. Modification or amendment to approved protocol (Administrative Changes/Correction of typographical errors and change in researcher(s)). | |
| iv. Revised proposal previously approved through expedited review, full review or continuing review of approved proposals. | |
| v. Minor deviation from originally approved research causing no risk or minimal risk. vi. Progress/Annual Report where there is no additional risk, for example activity limited to data analysis. Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee. | |
| vii. For Multicentric research where a designated EC among the participating sites has reviewed and approved the study, a local EC may conduct only an expedited review for site specific requirements in addition to the full committee common review. | S |
| viii. Research during emergencies and disasters (See Section 12 of ICMR Ethical Guidelines, 2017). ix. Any Other (Please Specify) | |
| 2. Is waiver of consent being requested? Yes |] No |
| 3. Does the research involve vulnerable persons? Yes |] _{No} 🔲 |
| If Yes, give details | |
| | |
| Signature of Principal Investigator (PI) with date: | |
| Comments of EC Secretariat: | |
| Signature of Member Secretary with date: | |