

College of Medicine Research Proposal Form For IRB Approval



IRB number (For Official Use)	
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1. Basic Informations:

Principal Investigator				
Name	College	Department	Degree	Employee Number
Co- Investigator(s)				
Name	College	Department	Degree	Employee Number
Project Title				
New Proposal <input type="checkbox"/> Renewal of previously approved proposal <input type="checkbox"/>				
Research Estimated Duration	/ months	Anticipated Start Date		
		Anticipated Completion Date		
Collaborating organization (if any)				
Funding Agency/Source (if any)				
Contact Details of the Principla Investigator				
Email	Mobile No.	Tel. No.		

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2- Research Summary:

3-Keywords:

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4- Research Background and Literature Review:

5- Research Objectives:

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6-Research Significance:

7- Research Methodology:

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9-References:

Pledge: I testify that the information provided above is accurate and the project will be conducted in accordance with applicable University regulations.

Principal Investigator:

Signature:

Date: / /201