***Annexure VI***

***Review Exemption Application Form***

1. Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Names of other co-investigators/participating staff and students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brief description of the project: Please give a brief summary (approx. 300 words) of the nature of the proposal, including the aims/objectives/hypotheses of the project, rationale, participants’ description, and procedures/methods to be used in the project:-
5. State reasons why exemption from ethics review is requested?
   * Audits of educational practices
   * Research on microbes cultured in the laboratory
   * Research on immortalized cell lines
   * Research on cadavers or death certificates provided such research reveals no identifying personal data
   * Analysis of data freely available in public domain
   * Any other - ---------------------------------------------------------------------------------------------- ---(This should include justification for exemption e.g. study does not involve human participants. If exemption is being requested on the basis of low risk involved in the study please refer to the backside of this annexure. )

Principal Investigator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded by the Head of the department:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations by the IRB Member Secretary:

[ ] Exemption

[ ] Cannot be exempted, Reasons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

[ ] Discussion at full board

Signature of the Member Secretary, REB, RIMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Decision:**

[ ] Exemption

[ ] Cannot be exempted, Reasons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Discussion at full board

Signature of the Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Decision at Full Board meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No research can be counted as low risk if it involves:

1. Invasive physical procedures or potential for physical harm
2. Procedures which might cause mental/emotional stress or distress, moral or cultural offence
3. Personal or sensitive issues
4. Vulnerable groups
5. Cross cultural research
6. Investigation of illegal behaviour(s)
7. Invasion of privacy
8. Collection of information that might be disadvantageous to the participant
9. Use of information already collected that is not in the public arena which might be disadvantageous to the participant
10. Use of information already collected which was collected under agreement of confidentiality
11. Participants who are unable to give informed consent
12. Conflict of interest e.g. the researcher is also the lecturer, teacher, treatment-provider, colleague or employer of the research participants, or there is any other power relationship between the researcher and the research participants.
13. Deception
14. Audio or visual recording without consent
15. Withholding benefits from “control” groups
16. Inducements
17. Risks to the researcher

**Appendix VII**

***Expedited Review***

Categories of research that will be considered for the expedited review by the REB RIMS

1. Minor deviations from originally approved research during the period of approval (usually of one year duration).
2. Revised proposal previously approved through full review by the REB or continuing review of approved proposals where there is no additional risk or activity is limited to data analysis.
3. Research activities that involve only procedures listed in one or more of the following categories:
4. Clinical studies of drugs and medical devices only when -
   1. research is on already approved drugs except when studying drug interaction or conducting trial on vulnerable population or
   2. Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported.
5. Research involving clinical materials (data, documents, records, or specimens) that have been collected for non-research (clinical) purposes.
6. When in emergency situations like serious outbreaks or disasters a full review of the research is not possible, prior written permission of REB may be taken before use of the test intervention. Such research can only be approved for pilot study or preliminary work to study the safety and efficacy of the intervention and the same participants should not be included in the clinical trial that may be initiated later based on the findings of the pilot study.

**a. Research on interventions in emergency situation**

When proven prophylactic, diagnostic, and therapeutic methods do not exist or have been ineffective, physicians may use new intervention as investigational drug (IND) / devices/ vaccine to provide emergency medical care to their patients in life threatening conditions. Research in such instance of medical care could be allowed in patients –

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* 1. When consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible. However, information about the intervention should be given to the relative/ legal guardian when available later;
  2. When the intervention has undergone testing for safety prior to its use in emergency situations and sponsor has obtained prior approval of the concerned regulatory body;
  3. Only if the local REB reviews the protocol since institutional responsibility is of paramount importance in such instances.
  4. If Data Safety Monitoring Board (DSMB) is constituted to review the data;

1. **Research on disaster management**

A disaster is the sudden occurrence of a calamitous event at any time resulting in substantial material damage, affecting persons, society, community or state(s). It may be periodic, caused by both nature and humans and creates an imbalance between the capacity and resources of the society and the needs of the survivors or the people whose lives are threatened, over a given period of time. It may also be unethical sometimes not to do research in such circumstances. Disasters create vulnerable persons and groups in society, particularly so in disadvantaged communities, and therefore, the following points need to be considered when reviewing such research:

1. Research planned to be conducted after a disaster should be essential culturally sensitive and specific in nature with possible application in future disaster situations.
2. Participation by the community affected by disaster (before and during) in the research is essential and its representative or advocate must be identified.
3. Extra care must be taken to protect the privacy and confidentiality of participants and communities.
4. Protection must be ensured so that only minimal additional risk is impose

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1. The research undertaken should provide direct or indirect benefits to the participants, the disaster-affected community or future disaster- affected population and a priori agreement should be reached on this, whenever possible, between the community and the researcher.
2. All international collaborative research in the disaster-affected area should be done with a local partner on equal partnership basis.
3. Transfer of biological material, if any, should be as per Government rules taking care of intellectual property rights issues.

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***Annexure VIII***

**Study Assessment Form for Expedited Review**

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of receipt at REBoffice:

Name of the Principal Investigator:

Department:

Contact number:

Total no. of Participants at the site:

No. of Study sites: Sponsor:

Duration of the Study:

Reviewer’s name:

Type of the Study: [ ] Intervention [ ] Epidemiology [ ] Observation

[ ] Document based [ ] Genetic

[ ] Social Survey [ ] Others, specify……………………….

Description of the Study in brief: Mark whatever applied to the study.

[ ] Randomized [ ] Open-labelled

[ ] Double blinded [ ] Placebo controlled [ ] Treatment controlled

[ ] Cross-over [ ] Parallel [ ] Interim Analysis

[ ] Use of Tissue samples [ ] Use of Blood samples [ ] Use of genetic materials

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisional Decision:

[ ] Approved [ ] Resubmission [ ] Disapproved [ ] 1 Full Board

[ ] Approved with modifications

Reason for disapproval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the REB member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Decision:

Approved YES [ ] NO [ ]

If disapproved, reasons for disapproval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Further revision or modification required/resubmission [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Chairperson, REB, RIMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

***Annexure IX***

**Approval letter format in case of Expedited Review**

Date:

To

Dr

Department

Ref: Project:-

Dear Dr.

The following documents of the above mentioned project were reviewed and approved through an expedited review process.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is understood that the study will be conducted under your direction, in a total of \_\_\_\_\_\_\_\_research participants, at as per the submitted protocol.

The IRB approves the above mentioned study.

This approval is valid for the entire duration of the study.

It is the policy of IRB that, it be informed about any onsite serious adverse event or any unexpected adverse event report within 24 hours to IRB or by email, if there is holiday. The report of SAE or death after due analysis shall be forwarded by the Investigator to the Chairperson of IRB and the head of the institution where the trial is been conducted within 10 calendar days of SAE or death.

In case of injury or death of participant(s) occurring during the trial, the sponsor (whether a pharmaceutical company or an institution) or his representative, whosoever had obtained permission from the Licensing Authority for conduct of the clinical trial shall make payments for medical management of the subject and also provide financial compensation for the clinical trial related injury or death.

No deviations from, or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IRB of an appropriate amendment. The IRB expects that the investigator should promptly report to the IRB any deviations from, or changes of, the protocol to eliminate immediate hazards to the research participants and about any new information that may affect adversely the safety of the research participants or the conduct of the trial.

For studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 11 months from the date of approval) on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A copy of the final report should be submitted to IRB for review.

Sincerely,

Member Secretary/ Chairperson

Date of approval of the study: