

Research Ethics Committee
**INTERNATIONAL HEALTH SCIENCES UNIVERSITY-RESEARCH ETHICS COMMITTEE
SUBMISSION FACE SHEET**

1. Protocol title:			
2. Protocol number:			
3. Principal Investigator's Contact Information:			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
4. Contact person			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
5. Co-Principal investigator (1)			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
6. Co-Principal investigator (2)			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
7. If more than two Co-Principal Investigators please specify and attach CVs of all PIs involved in the study			
8. Jurisdiction:		(Tick appropriately)	
	Is there any other IRB/REC that has jurisdiction over your site for this study?/ Or results of any IRB review if negative and reasons for rejection	Yes	No
	If yes, you are required to obtain written permission from that IRB/REC for IRB Services to act as board of record? (If required to obtain permission, please attach written documentation that permission is granted)	Yes	N
9. Number of sate lite sites (tick appropriately) or FDA form 1572, if applicable.			
0		6-10	
1-5		>10	

Principal Investigator/Designee

Date:

MAKING A DIFFERENCE IN HEALTHCARE

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