

**Research Ethics Committee**

INTERNATIONAL HEALTH SCIENCES UNIVERSITY-RESEARCH ETHICS COMMITTEE  
SUBMISSION FACE SHEET

<b>1. Protocol title:</b>			
<b>2. Protocol number:</b>			
<b>3. Principal Investigator's Contact Information:</b>			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
<b>4. Contact person</b>			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
<b>5. Co-Principal investigator (1)</b>			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
<b>6. Co-Principal investigator (2)</b>			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
<b>7. If more than two Co-Principal Investigators please specify and attach CVs of all PIs involved in the study</b>			
<b>8. Jurisdiction:</b>		<b>(Tick appropriately)</b>	
	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	<b>Yes</b>	<b>No</b>
	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)	<b>Yes</b>	<b>N</b>
<b>9. Number of sate lite sites (tick appropriately) or FDA form 1572, if applicable.</b>			
0		6-10	
1-5		>10	

Principal Investigator/Designee .....

Date: .....