

	TECHNICAL UNIVERSITY OF MOMBASA	
	Document: Form	Ref No.: TUM/Form/FoAHS/002
	Title: Ethical Review Application Form	
	Department: Management Representative	
	Issue No. 1	Revision No. 0
Date: 10th September 2018		

This form must be attached to every proposal forwarded to TUM- Ethics Review Committee

Part A (TO BE FILLED FOR EACH PROPOSAL)

Title: _____

Institution: _____

Research Programme if any: _____

Field of Study: _____

Name of Principal Investigator: _____

Contact phone Number for Principal Investigator: _____

E-mail address for Principal Investigator: _____

Study Implementation County(s): _____

Expected source of funding: _____

Total amount of funds needed: _____



DECLARATION:

I _____

Being the principal investigator for this study declare that

- (a) If any changes to this proposal or procedure be desired, the changes shall be requested to the TUM - Ethics Review Committee and effected only after written approval by the TUM - ERC
- (b) The following investigators will participate in this study and are bound by (a) above.

NOTE: THE TABLE BELOW MUST BE FILLED AND SIGNED BY CO-INVESTIGATORS BEFORE REVIEW

Name/ Institution	Telephone	Email contact	Signature

Signature _____ Date _____

(Principal Investigator)



PART B (TO BE FILLED AFTER TUM – ERC APPROVAL)

Proposal number and date: _____

This Proposal;

1) Has been reviewed by the TUM-Ethics review committee

YES

NO

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Date

Sign

2) Has been approved by the TUM-Ethics Review Committee

YES

NO

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Date

Sign

3) Has been deferred by the TUM-Ethics Review Committee

YES

NO

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Date

Sign

Any other information

Notes: The signed form must be submitted to TUM – ERC with 2 copies of the proposal to be reviewed for submission alongside the CVs of PI and the collaborators, the layman summary and receipt of review fees.

