

**MAROOF INTERNATIONAL HOSPITAL RESEARCH DEPARTMENT**

**RESEARCH PROPOSAL FORM**

**A. COVER PAGE**

<b>1. Title of Proposal:</b>			
<b><u>Type of Project:</u></b>			
Chart Review		Diagnostic	
Human		Laboratory	
Therapeutic		Other	
<b>2. Starting Date:</b>	<b>3. Duration:</b>	<b>4. Total Fund Requested:</b>	
<b>5. Principal Investigator:</b>			
Name:		Affiliation & email address/ postal address:	
Title/Position:		Tel. No.:	
<b>6. Co-Investigators Name</b>	<b>Title/Position</b>	<b>Department</b>	<b>Signature</b>
<b>7. Principal Investigator's Assurance</b>			
The undersigned agrees to accept responsibility for the scientific and technical conduct of the proposed research and submission of progress reports if this application is approved.			
_____ Signature of Principal Investigator			
Date: _____			

**B. ABSTRACT OF RESEARCH PROPOSAL** Briefly describe the aims of study, methodology, short and long-term objectives.

**TITLE OF PROPOSAL:**

**C. PURPOSE OF PROPOSED INVESTIGATION AND ITS SIGNIFICANCE**

**D. BACKGROUND INFORMATION** *(add pages if necessary as explained under the detailed instruction but keep content concise. Number additional pages)*

**E. METHODS**

**F. REFERENCES**

**G. BUDGET FORM (ESTIMATES FOR SUPPORT REQUESTED)**

The form should be completed specially for those research proposals dealing with human subjects requiring clinical care.

**What Hospital services (i.e. tests, treatments, clinic visits, days in Hospital, etc.) will a study participant use, over and above that which is offered routinely to a patient with the same medical condition who is not a study participant?**

	<b>BUDGET CATEGORY</b>	<b>REMARKS</b>	<b>ESTIMATED COSTS</b>	<b>NOT APPLICABLE</b>
1.	Laboratory (specify)			
2.	Equipment (specify)			
3.	Radiology			
4.	Pharmacy			
5.	Clinic Visits			
6.	Nursing			
7.	Inpatient Days			
8.	Supplies			
9.	Consultant Fees			
10.	Additional Personnel			
11.	Patient Costs			
12.	Publication Costs			
13.	Miscellaneous (specify)			
Total for entire proposed project period				

Is there an external sponsor of this study?

YES

NO

If YES, please specify \_\_\_\_\_

**H. FACILITIES TO BE USED**

**I. WORK PLAN**

Standard consent forms can be obtained by e-mailing to the Research Department  
Eight mandatory elements of ICH-GCP informed consent must be addressed in each informed consent form  
An Urdu translation of the informed consent if in English, MUST be attached

**NOTE:**

- 1- Principal investigator will be responsible for informing the Department /Division Head regarding the study proposal made to the IRB.
- 2- It will be the responsibility of the principal investigator to coordinate with the personnel of various facilities to be used for the study.
- 3- Principal investigator can seek help from research department for authorship guidelines set by the department in accordance with ICMJE standards.

**M. POTENTIAL HAZARDS AND TOXICITY**

Proposed Title: _____ _____ _____
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1. Does the proposed research involve any toxic chemical? Yes  No   
**If yes, name chemicals and describe the nature of hazard involved.**

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

Also indicate how the safety measures will be taken in the use and disposal of these agents.

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

2. Does the proposed research involve any hazardous microorganism? Yes  No   
**If yes, name the organisms and describe the nature of hazards expected.**

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

Also describe facilities, safety measures and procedures to protect personnel and environment.

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

3. Does the proposed research involve the radioactive materials? Yes  No   
**If yes, describe the materials, half-life and methods of disposal and personnel protection.**

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

4. Does the proposed research involve recombinant DNA? Yes  No   
**If yes, are you familiar with NIH guidelines and do you have the containment facilities? Yes  No**   
Describe the nature of genes to be cloned, organisms and plasmids to be used.

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

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**N. CURRICULUM VITAE**

**INVESTIGATOR PERSONAL DATA FORM**

**Last Name:**

**First Name:**

**(1) PROFESSIONAL BACKGROUND:**

(a) Basic Qualification(s):                      Year:                      Institution:                      Country:

(b) Specialty: \_\_\_\_\_  
\_\_\_\_\_

(c) Postgraduate Qualifications:                      Year:  
Title:                      Year:

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**(2) EMPLOYMENT HISTORY AND POSITIONS:**

(a) Position:                      (b) Institution                      (c) Year

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**(3) NUMBER OF PUBLICATIONS:**

(a) Refereed Papers:                      (b) Abstracts                      (c) Others (Type):

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**(Please attach references covering ONLY the last five years plus those deemed relevant to the present project)**

**(4) RECENT RESEARCH ACTIVITIES:**

Title/Year:

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**Principle investigator**

Name:

Title:

Signature:

Date:

**Department/Division Head Name/signature:**



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