

Research Ethics Committee of the Gading Pluit Hospital

Request for Ethical Clearance of Research Project at Gading Pluit Hospital

Boulevard Timur Raya, Kelapa Gading, Jakarta 14250

Tel: +6221-4521001, -4520201; Fax: +6221-4520578; E-mail: rec_gph@gmail.com

1. Project title and contact details

Project title:
Principle Investigator
Contact Person
Telephone
Fax
E-mail
Collaborating Unit
Postal address
Source of funds

2. Summary of project activities

Brief description in plain language of the investigation / proposal (not more than 100 words)
State scientific objectives of the investigation / proposal
The value / benefit of the project The databases to be accessed, created or modified for the project from inside the institution and the data will be made available from outside the institution Specify how to use the data
The date anticipated to start the project
The date anticipated to complete the project (when results disseminated)

3. Maintaining privacy and confidentiality

Does the proposal breach any of the principles for privacy (Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes which principles are involved, and what steps taken to address or avoid these
Describe how to store data and maintain the security and confidentiality of information
Explain whether the data will be stored / retained or disposed

4. Ethical consideration specific to participants

Additional ethical consideration in relation to the following categories of participants:

Women who are pregnant and the human fetus

Children and young people

People in dependent or unequal relationships

People highly dependent on medical care who may be unable to give consent

People with a cognitive impairment, an intellectual disability, or a mental illness

People who may be involved in illegal activities

People who has unique ethnical / cultural or religious restriction

People in other countries

Does the investigation relate to any of the above categories of participants? (Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details

If NO, explain the reasons of satisfying the ethical consideration in human research
If the investigation will involve the subject with unique ethnical / cultural or religious restriction, has the proposal included special approaches or advice from related group? (Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details
If NO, explain the reasons for special approaches or advice

5. Assurance of scientific quality

Has the project been scientifically reviewed by a group of independent peers? (YES or NO) <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details
If NO, state how to arrange scientific review

6. For Collaborating Units Only

Has this project been reviewed and approved by an ethics committee at collaborator's institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, name the ethics committee (attach copy of approval)
If NO, explain the reasons

7. Dissemination of results

Methods and targets of dissemination of the results	
Published in peer reviewed journal or a publicly available report	
Presented at a conference	
Brochure, flyer to participants, interested parties	
Internet	
Newsletter	
Sponsors, Professional organizations, peer researchers, policy makers and the community	
Other	
Are there any restrictions by funders or data providers (YES or NO) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain the restrictions	

8. Other individuals, groups or organizations participating in this project

List the name and administrative relationship (each will need to sign the undertaking)

9. The Undertaking

Name:

Position: Responsible Officer ([Research Coordinator](#))

Organization / Unit:

Signature:

Date:

Name :

Position: Principle Investigator

Organization / Unit:

Signature:

Date:

Name :

Position: Collaborator

Organization / Unit:

Signature:

Date:

Name

Position: Collaborator

Organization / Unit :

Signature :

Date:

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