

## Sunway Medical Centre Independent Research Ethics Committee (SREC)

### RESEARCH APPROVAL APPLICATION CHECKLIST

(Please send 3 copies (1 original and 2 photocopies) of the completed application forms with supporting documents and this checklist to: SREC Secretariat, c/o SunMed Clinical Research Centre, Sunway Medical Centre, No. 5 Jalan Lagoon Selatan, Bandar Sunway 46150 Petaling Jaya, Selangor  
Tel: 03-7491 1256 Fax: 7491 1255)

<b>Title of research project</b>	
<b>Protocol number</b>	
<b>Principal Investigator</b>	
<b>Research site</b>	
<b>Sponsor</b>	

<i>Documentation</i>	<i>Remark</i>	<i>√ if attached and specify</i>		
		<i>√</i>	<i>Version</i>	<i>Date</i>
Proposal / Project Description / Protocol	<i>Compulsory (Protocol is compulsory for clinical trials)</i>	<input type="checkbox"/>		
Investigator's Brochure / Product Information Sheet	<i>Compulsory for clinical trials or research involving medical devices</i>	<input type="checkbox"/>		
Investigator's Curriculum Vitae	<i>Compulsory (signed &amp; date)</i>	<input type="checkbox"/>		
Co-investigator(s)' or Supervisor(s)' Curriculum Vitae	<i>Compulsory if co-investigator(s) or supervisor(s) exist (signed &amp; date)</i>	<input type="checkbox"/>		
Investigator(s)' GCP Certificate	<i>If any</i>	<input type="checkbox"/>		
Company Profile	<i>Compulsory for research in collaboration with private companies</i>	<input type="checkbox"/>		
Advertising Material(s)	<i>If any</i>	<input type="checkbox"/>		
Data Collection Instrument(s)	<i>Surveys / Questionnaires / Interview schedules (if any)</i>	<input type="checkbox"/>		
Subject Information Sheet (SIS) <i>*please refer 'Informed Consent Form &amp; Written Subject Information Checklist' (Checklist 2) as guidance</i>	<i>Compulsory for clinical trials (please attach available translations)</i>	<i>English</i>	<input type="checkbox"/>	
		<i>Bahasa Malaysia</i>	<input type="checkbox"/>	
		<i>Chinese</i>	<input type="checkbox"/>	
		<i>Other Languages</i>	<input type="checkbox"/>	
Informed Consent Sheet (ICF) <i>*please refer 'Informed Consent Form &amp; Written Subject Information Checklist' (Checklist 2) as guidance</i>	<i>Compulsory for clinical trials (please attach available translations)</i>	<i>English</i>	<input type="checkbox"/>	
		<i>Bahasa Malaysia</i>	<input type="checkbox"/>	
		<i>Chinese</i>	<input type="checkbox"/>	
		<i>Other Languages</i>	<input type="checkbox"/>	

Case Report Forms	<i>If any</i>	<input type="checkbox"/>		
Translation Certificate	<i>Compulsory for PIS and ICF attached in other languages (clinical trials)</i>	<input type="checkbox"/>		
Budget Allocation Sheet	<i>If any</i>	<input type="checkbox"/>		
Other Ethics Approval Letter	<i>If any</i>	<input type="checkbox"/>		
Institutional Approval / Letter of Support	<i>Compulsory for investigator-initiated study or student project</i>	<input type="checkbox"/>		
Letter of Indemnification	<i>Compulsory for industry-sponsored study</i>	<input type="checkbox"/>		
Insurance Statement	<i>Compulsory for industry-sponsored study</i>	<input type="checkbox"/>		
Others, specify:		<input type="checkbox"/>		