**Instruction: This document is intended for formal research registration and approval from Sunway Medical Centre Sdn. Bhd. (SunMed).**

**\*\*Note: This form is NOT to be used for obtaining Ethical permission to conduct the research at the named / selected study site(s). Ethical clearance shall be obtained for all clinical trials and interventional/non-interventional researches that are involving patients.**

|  |  |
| --- | --- |
| **Research title** |  |
| **Research ID** |  |

**Investigator**

|  |  |
| --- | --- |
| I have understood the above mentioned proposed research and I agree to participate as an investigator and being responsible to conduct the research. | |
| Sign |  |
| Name |  |
| Date |  |
| IC |  |
| Stamp and official stamp |  |

**Head of Department (HOD)**

|  |  |
| --- | --- |
| I agree to allow the above named investigator to conduct the above titled research at my department. | |
| Sign |  |
| Name |  |
| Date |  |
| IC |  |
| Stamp and official stamp |  |

**Institutional Approval**

|  |  |
| --- | --- |
| I acknowledge and approve the named officer to conduct the above titled research. | |
| Sign |  |
| Name |  |
| Date |  |
| IC |  |
| Stamp and official stamp |  |