**Personal particulars**

|  |  |  |
| --- | --- | --- |
| Applicant’s Name | **:** |  |
| Staff no. | **:** |  |
| Department  | **:** |  |
| Designation | **:** |  |
| Contact | **:** |  |
| Email | **:** |  |
| Mobile | **:** |  |
| Office no. | **:** |  |

**Publication particulars**

|  |  |  |
| --- | --- | --- |
| Type of publication materiale.g. abstract, article and etc  | **:** |  |
| Main author  | **:** |  |
| Co-author | **:** |  |
| Title | **:** |  |
| Journal/Publisher name | **:** | **< You are submitting your manuscript/abstract or any write up to>**  |
| Impact factor  | **:** | **< If applicable>** |
| Conference | **:**  | **< if applicable>**  |

|  |
| --- |
| **I must ensure that** |
| * the data used in the publication meets the requirements of Personal Data Protection Act 2010 (PDPA) and Good Clinical Practice (GCP).
 |
| * There is no unauthorized disclosure of sensitive information. The usage of such information in a publication can confirm the validity of unauthorized disclosure.
 |
| * I am not quoting unauthorized sourcing or anonymous sourcing in the publication materials.
 |
| * A copy of the drafted publication material is submitted together with this form.
 |

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

Signature

Name:

Designation:

Date:

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

For CRC office used only

Please tick (/) where appropriate.

|  |  |
| --- | --- |
|  | Recommend for publication submission. |
|  | Conditional recommendation where modification is required. |
|  | Not recommended for publication submission. |

**Assessor I**

|  |
| --- |
| **Comments** |
| Sign |  |
| Name |  |
| Date |  |

**Assessor II (if applicable)**

|  |
| --- |
| **Comments** |
| Sign |  |
| Name |  |
| Date |  |

**Recommendation by Head of Division**

|  |
| --- |
| **Comments** |
| Sign |  |
| Name |  |
| Date |  |

**Approval by Sunway CRC Research Board Chairman**

|  |
| --- |
| **Comments** |
| **Decision on the Pre-publication Submission Review** Approved ( ) Disapproved ( )  |
| Sign |  |
| Name |  |
| Date |  |

**Approval by Chief Executive Officer (CEO)**

|  |
| --- |
| **Comments** |
| **Decision on the Pre-publication Submission Review** Approved ( ) Disapproved ( )  |
| Sign |  |
| Name |  |
| Date |  |