

**A P P E N D I X II**

# Investigator Application Form

**1. Name of Researcher:** \_\_\_\_\_

**2. Name of Institution/Department:** \_\_\_\_\_

**3. Address of Researcher:** \_\_\_\_\_

\_\_\_\_\_

a. e-mail: \_\_\_\_\_

b. Phone number: \_\_\_\_\_

c. Fax number: \_\_\_\_\_

**4. Name(s) of Co-Investigator(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Grade of Protocol**

MD  MS  PhD  Other

Domestic

Multicentre within Egypt

International

**6. Title of the research** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Type of research (check all that apply):**

Drug trial:	<input type="checkbox"/>	Survey Study:	<input type="checkbox"/>
Surgical Techniques:	<input type="checkbox"/>	Blood sampling:	<input type="checkbox"/>
Invasive Techniques:	<input type="checkbox"/>	Review of records:	<input type="checkbox"/>
Devise Study:	<input type="checkbox"/>		

**8. Subjects of research:**

Children (< 18 years)   
Adults (≥ 18 years)   
Vulnerable groups: Yes:  No:

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Request is being made to waive informed consent:** Yes:  No:

If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. The research is for the good of society:** ..... Yes:  No:

**11. Study Design (check all that apply):**

a. Phase Type: ..... I:  II:  III:  IV:   
b. Randomization: ..... Yes:  No:   
c. Placebo: ..... Yes:  No:   
d. Genetic sampling ..... Yes:  No:   
e. Other \_\_\_\_\_

**12. Facilities for the research are available:** ..... Yes:  No:

**13. List the risks of the study:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. List the potential benefits, if any, to the subjects:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. The risks are reasonable to the potential direct benefits to the subjects, if any, or to the knowledge to be gained:** ..... Yes:  No:

**16. Privacy and confidentiality of subjects are assured** ..... Yes:  No:

**17. It is clearly stated that the subject of the research could quit at anytime without penalty or loss of any benefits to which they would otherwise be entitled:** ..... Yes:  No:

**18. Informed consent form is attached** ..... Yes:  No:

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL INVESTIGATOR

\_\_\_\_\_  
DATE