

## (Annexure 11) Application Form for Expedited Review Channel Fortility Control and Bossarch Institut

Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use):	
Title of study:	
Principal Investigator (Name, Designation and Affiliation):	
1. Choose reasons why expedited review from IHEC is requested <sup>12</sup> ?	
<ul> <li>i. Involves non-identifiable specimen and human tissue from sources like blo left-over clinical samples.</li> </ul>	od banks, tissue banks and $\ \square$
ii. Involves clinical documentation materials that are non-identifiable (data, o	documents, records).
<ul><li>iii. Modification or amendment to approved protocol (administrative chang of typographical errors and change in researcher(s).</li></ul>	es / correction
<ul><li>iv. Revised proposal previously approved through expedited review, full rev review of approved proposal.</li></ul>	iew or continuing
v. Minor deviation from originally approved research causing no risk or minir	nal risk.
vi. Progress / annual report where there is no additional risk, for example analysis. Expedited review of SAEs / unexpected AEs will be conducted	
vii. For multi centre research where a designated EC has approved the project may review participating centre specific information and modific proposal through full committee meeting / expedited review depending of local consent related issues involved specific to the centre.	cations in the study $\Box$
viii. Research during emergencies and disasters (See Section 12 of ICMR Ethi	cal Guidelines, 2017).
ix. Any other (please specify)	
2. Is waiver of consent being requested?	Yes No No
3. Does the research involve vulnerable persons <sup>13</sup> ?	Yes No No
If Yes give details:	
Signature of PI:	dd mm yyyy
Comments of IHEC Secretariat:	
Signature of Member Secretary:	dd mm уууу

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<sup>&</sup>lt;sup>13</sup>For details, refer to application for initial review, Section-C, 5(b).

<sup>\*</sup> In case this is first submission, leave it blank.