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## (Annexure 12) **Application Form for Exemption from Review**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 exemption from ethics review is requested 14? i. Research on data in the public domain / systematic reviews or meta-analyses. ii. Observation of public behavior / information recorded without linked identifier sand disclosure would not harm the interests of the observed person. iii. Quality control and quality assurance audits in the institution. iv. Comparison among instructional techniques, curriculam, or classroom management methods. v. Consumer acceptance studies related to taste and food quality. vi. Public health programmes by government agencies 15. vii. Any other (please specify in 100 words): \_ dd mm уууу Signature of PI:

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Comments of IHEC Secretariat: \_

Signature of Member Secretary: \_

<sup>&</sup>lt;sup>14</sup>Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2.

 $<sup>^{15}</sup>$ Such as program me evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers).