**Approval obtaining form to conduct a scientific study in Teaching Hospital Peradeniya**

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| --- | --- | --- |
| 1. Title of the study
 | : | …………………………………………………….…………………………………………………….. |
| 1. Is this study a clinical trial? If yes, submit a copy of registration.
 | : | **Yes**  |  | **No** |  |
| 1. Does this study needed ethical approval (EA)? If yes, submit a copy of the EA
 | : | **Yes** |  | **No** |  |
| 1. Is there an intervention in the study?
 | : | **Yes** |  | **No** |  |
| 1. If yes, describe the intervention. (attached additional sheet if required)
 | : |  |
| 1. Duration of the study
 | : | …………………. |
| 1. Expected outcome and its relevance to THP/Patient/Society. (attached additional sheet if required)
 | : |  |
| 1. Does this study involve research assistant or other companion? If so attached details.
 | : | ………………………………………………………………………………………………………… |
| 1. Name of the investigator/s
 | Designation | Institution |
| Principal investigator |  |  |
| Co- investigator/s |  |  |
| Co- investigator/s |  |  |
| Co- investigator/s |  |  |
| Co- investigator/s |  |  |
| Co- investigator/s |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Following documents should be submitted
 | Submitted  | Not submitted |
| 1. Proposal of the study
 |  |  |
| 1. Copy of the ethical approval letter
 |  |  |
| 1. Copy of the clinical trial registration letter
 |  |  |

**Declaration –** I/we am/are agreed to submit the result of the study (abstract) to the THP & agreed/not agreed to publish it in the research section of the hospital web site.

…………………………………………… ………………………

(Name and signature of principal investigator) (Date)

Approved ……………………………… ………………………

 (Director/THP) (Date)