**Ethics Review Committee**

**Teaching Hospital – Peradeniya**

**Submission Check List**

For Office Use Only:

Application Number: Date Received: / /20

To be Fill by the Applicant:

Title:

Name of the Applicant: Prof./Dr./Mr./Ms.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Document** | **Version** | **Date** |
|  1 | Covering Letter |  |  |
|  2 | Application form (3 copies) |  |  |
|  3 | Detailed research proposal (3 copies) |  |  |
|  4 | Study instruments Questionnaires/ interview/ guides/ checklist/ data extraction forms) English (3 copies)  |  |  |
| 5 | Study instruments – Sinhala (3 copies) |  |  |
| 6 | Study instruments – Tamil (3 copies) |  |  |
| 7 | Information sheet –English (3 copies) |  |  |
| 8 | Information sheet – Sinhala (3 copies) |  |  |
| 9 | Information sheet – Tamil (3 copies) |  |  |
| 10 | Consent forms – English (3 copies) |  |  |
| 11 | Consent forms – Sinhala (3 copies) |  |  |
| 12 | Consent forms –Tamil (3 copies) |  |  |
| 13 | Permission letter – Relevant language  |  |  |
| 14 | CV of the principal investigator |  |  |
| 15 | CV of the Supervisor |  |  |
| 16 | Any other relevant documents (3 copies) |  |  |
| 20 | Payment receipt (1 copy) |  |  |

All documents are available.

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 Signature of Investigator