**Ethics Review Committee**

**Teaching Hospital Peradeniya**

**Submission Check List**

**For applicant use only:**

Title:

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

**For official use only:**

Application Number: Date Received: / /20

|  |  |  |  |
| --- | --- | --- | --- |
|  | Document | No of copies | Check |
| 1 | Covering letter | original |  |
| 2 | Application form | 1 |  |
| 3 | Detailed research proposal | 3 |  |
| 4 | Study instruments (Questionnaires/ interview/ guides/ checklist/ data extraction forms) - English | 3 |  |
| 5 | Study instruments – Sinhala | 3 |  |
| 6 | Study instruments - Tamil | 3 |  |
| 7 | Information sheet - English | 3 |  |
| 8 | Information sheet – Sinhala | 3 |  |
| 9 | Information sheet - Tamil | 3 |  |
| 10 | Consent forms – English | 3 |  |
| 11 | Consent forms – Sinhala | 3 |  |
| 12 | Consent forms – Tamil | 3 |  |
| 13 | Permission letter – Relevant language | original |  |
| 14 | CV of the principal investigator | original |  |
| 15 | CV of the supervisor | original |  |
| 16 | Any other relevant documents | 3 |  |
| 17 | Payment receipt | 1 |  |

All documents are available. …………………………………………

Signature of the Investigator