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|  |  **Application Form for Expedited Review** **National Institute of Mental Health & Neuro Sciences** **EC Ref. No*. \*(****for office use):* |

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| Title of study:     Principal Investigator (Name, Designation and Affiliation):       |

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| 1. Choose reasons why expedited review from EC is requested12?
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| 1. Involve non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples
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| 1. Involve clinical documentation materials that are non-identifiable (data, documents, records).
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| 1. Modification or amendment to approved protocol (administrative changes/correction of typographical errors and change in researcher(s))
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| 1. Revised proposals previously approved through expedited review, full review or continuing review of approved proposals
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| 1. Minor deviations from originally approved research causing no risk or minimal risk
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| 1. Progress/annual reports where there is no additional risk, for example activity limited to data analysis. Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee.
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| 1. For multicentre research where a designated EC has approved the proposal, a participating EC may review participating centre specific information and modification in the study proposal through full committee meeting/ expedited review depending on the importance of local consent related issues involved specific to the centre.
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| 1. Research during emergencies and disasters (See Section 12 of ICMR Ethical Guidelines, 2017).
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| 1. Any other (please specify)
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| 1. Is waiver of consent being requested ? Yes  No
 |
| 1. Does the research involve vulnerable person*13*? Yes  No

 If Yes give details:       |

Signature of PI:  Click here to enter a date.

Comments of EC Secretariat:

Signature of Member Secretary:  Click here to enter a date.

*12Refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2*

*13For details, refer to application for initial review, Section-C, 5(b)*

*\*In case this is first submission, leave it blank*