



RESEARCH ETHICS COMMITTEE

(Biological Sciences Application Form)

For Research Ethics Committee Use Only

Code :

Received Date:

Reviewed Date:

Researcher :

- Name:
- National Identity Card Number:

University / Faculty / Department:

Research Title:

Type: MSc Thesis PhD Thesis Research

Department Council Approval Date:

Evaluation

Decision:

Approved Not Approved Suspended

REC : **Walid E. Zahran**

Date:

APPLICATION FORM (Biological Sciences)

Research must NOT begin until approval has been received from REC

APPLICATION DETAILS:

Code:

Date : Day/Month/Year

Researcher Name	
Email address	
Mobile number	
Name of principal investigator (PI)	
PI Department	
Supervisors Names	1) _____ 2) _____ 3) _____ 4) _____
Research/ Thesis title (in English):	
Research/ Thesis title (in Arabic):	
Type of Research.	MSc. Thesis. PhD. Thesis. Research
Aim and Objective of Research (briefly)	
Will your Research/Thesis Involve?	<input type="checkbox"/> Human volunteers/samples of human body fluids or tissues <input type="checkbox"/> Rare/endangered plants <input type="checkbox"/> Experimental animals <input type="checkbox"/> Cell line/tissue culture <input type="checkbox"/> Genetic modification <input type="checkbox"/> Sources of ionizing radiation <input type="checkbox"/> None of the above
Research proposal:	
I commit to follow all ethical research guidelines and instructions and to provide any needed guaranties upon requisition and affirm that all the mentioned data are correct.	

Please choose one of the following forms according to the type of research / experiments performed

PI Signature

Researcher Signature

REC Signature

لجنة أخلاقيات البحث العلمي – كلية العلوم – جامعة عين شمس

Form (1): Application to obtain ethical approval for research involving human

نموذج (رقم 1): طلب الحصول على الموافقة الاخلاقية لإجراء البحوث على الانسان

Applicant Name			
Thesis/Research Title			
Type of research	<input type="checkbox"/> Survey	<input type="checkbox"/> Drug trial	<input type="checkbox"/> Other (specify)
Demographic Data	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Both
	<input type="checkbox"/> <18 year	<input type="checkbox"/> >18 year	
	<input type="checkbox"/> Vulnerable (if yes, specify)		
Is the research having potential benefit(s) to participating subjects? If any, please state.			
What is the approximated number of subjects?			
State the followed safety protocols towards the participants.			
State the type of Sample/Biopsy obtained from participants.			
Who will collect the samples from the participants ?			
Where this work will be performed ? Specify place license and provide certified medical approval			
Is an informed/broad Consent of the Involved Human Subjects or their guardians are taken?	<input type="checkbox"/> YES , (provide a certified photocopy of informed consent) <input type="checkbox"/> NO		
Does sampling require request approvals from other parties? If any, state them.			
<input type="checkbox"/>	Does the study include taking medication/clinical trial?		
<input type="checkbox"/>	YES , (provide the required approvals/licenses from the concerned Egyptian parties, then mention: the drug name, the dosage, the route of administration and the duration for such medication and why can't this research be carried out with animal/non-animal alternatives? with reference(s)).		
<input type="checkbox"/>	NO		
Specify procedures to be applied for disposal of biohazards (tissue waste and other wastes as: blood, urine, serum, media, etc.), after research end?			
I commit to maintain the confidentiality of information and the safety of the human subjects involved in the research, to follow all ethical research guidelines and instructions, to submit a certified copy of the informed consent form that will be used in the study or consent to be exempt from it. and to provide any needed guaranties upon requisition. I affirm that all the mentioned data are correct.			

PI Signature

REC Signature

Researcher Signature

لجنة أخلاقيات البحث العلمي – كلية العلوم – جامعة عين شمس

Form (2): Application to obtain ethical approval for research involving plants

نموذج (رقم 2): طلب الحصول على الموافقة الأخلاقية لإجراء البحوث على نباتات

Applicant Name		
Thesis/Research Title		
The current research involves:		
<input type="checkbox"/> Rare plants	<input type="checkbox"/> Endangered plant	<input type="checkbox"/> Available Plants
What kinds of samples will you collect from rare or endangered plants?		
<input type="checkbox"/> Whole plant	<input type="checkbox"/> Part of shoot system	<input type="checkbox"/> Seeds
Does the current research use soil samples beneath rare or endangered plant species?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the current research introduce a genetic modification?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the current research introduce novel genotypes into endangered plants?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the propagated research plants are reintroduced into the wild?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where is your research being conducted?		
<input type="checkbox"/> National Park	<input type="checkbox"/> Protected area	<input type="checkbox"/> Other, specify
Have you obtained the required permit?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, why	
I commit to follow all ethical research guidelines and instructions, to submit permit(s) from the concerned party and to provide any needed guaranties upon requisition and affirm that all the mentioned data are correct.		

PI Signature

REC Signature

Researcher Signature

لجنة أخلاقيات البحث العلمي – كلية العلوم – جامعة عين شمس

Form (3): Application to obtain ethical approval for research involving animals or insects

نموذج (رقم 3): طلب الحصول على الموافقة الأخلاقية لإجراء البحوث على حيوانات أو حشرات

Applicant Name	
Thesis/Research Title	
What is the species of experimental animals or insects used?	
Is the current research using rare or endangered animals? If yes, specify the animal species and how the researcher collects this animal species? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mention the source of the experimental animals or insects.	
What is the approximate number of animal groups required and the number of animals in each group?	
Mention the Duration of the experiment.	
1- Animal housing and care: <ul style="list-style-type: none">Where will you conduct the experimental work?Are the facilities and housing conditions available at the animal house adequate to conduct this study and to provide optimum welfare to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2- Mention the insect rearing conditions.	
3- What are insects rearing precautions followed with pathogens used in your research?	
4- How to avoid any cross contamination along your research time?	
5- What is the method used to euthanize the animal?	
6- What is the method of disposal of sacrificed animals and biological wastes (solid waste; tissues and blood, etc....) after research?	
I commit to follow all ethical research guidelines and instructions, to submit permit(s) from the concerned party and to provide any needed guaranties upon requisition and affirm that all the mentioned data are correct.	

PI Signature

REC Signature

Researcher Signature

لجنة أخلاقيات البحث العلمي – كلية العلوم – جامعة عين شمس

Form (4): Application to obtain ethical approval for research involving tissue culture/cell line

نموذج (رقم 4): طلب الحصول على الموافقة الأخلاقية لإجراء البحوث على زراعة أنسجة/خلايا

Applicant Name	
Thesis/Research Title	
Is the use of tissue culture/cell line necessary to obtain results? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the cell line name / origin to be used?	
Where will you purchase/obtain the cell line?	
Where will you conduct the experimental work?	
Who will be responsible for the experimental work?	
Is the research (cell line procedure) involving viruses/infectious agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Mention the type and name of virus/infectious agent, as well as the license and lab biosafety level of the place where this experimental work will be conducted.	
Is there any radiation work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , mention steps, precautions, as well as the license and protection facilities available at the place where this experimental work will be conducted.	
What is the disposal method used for cell culture liquid waste media and other wastes, after research end?	
I commit to follow all ethical research guidelines and instructions and to provide any needed guaranties upon requisition and affirm that all the mentioned data are correct.	

PI Signature

REC Signature

Researcher Signature

لجنة أخلاقيات البحث العلمي – كلية العلوم – جامعة عين شمس