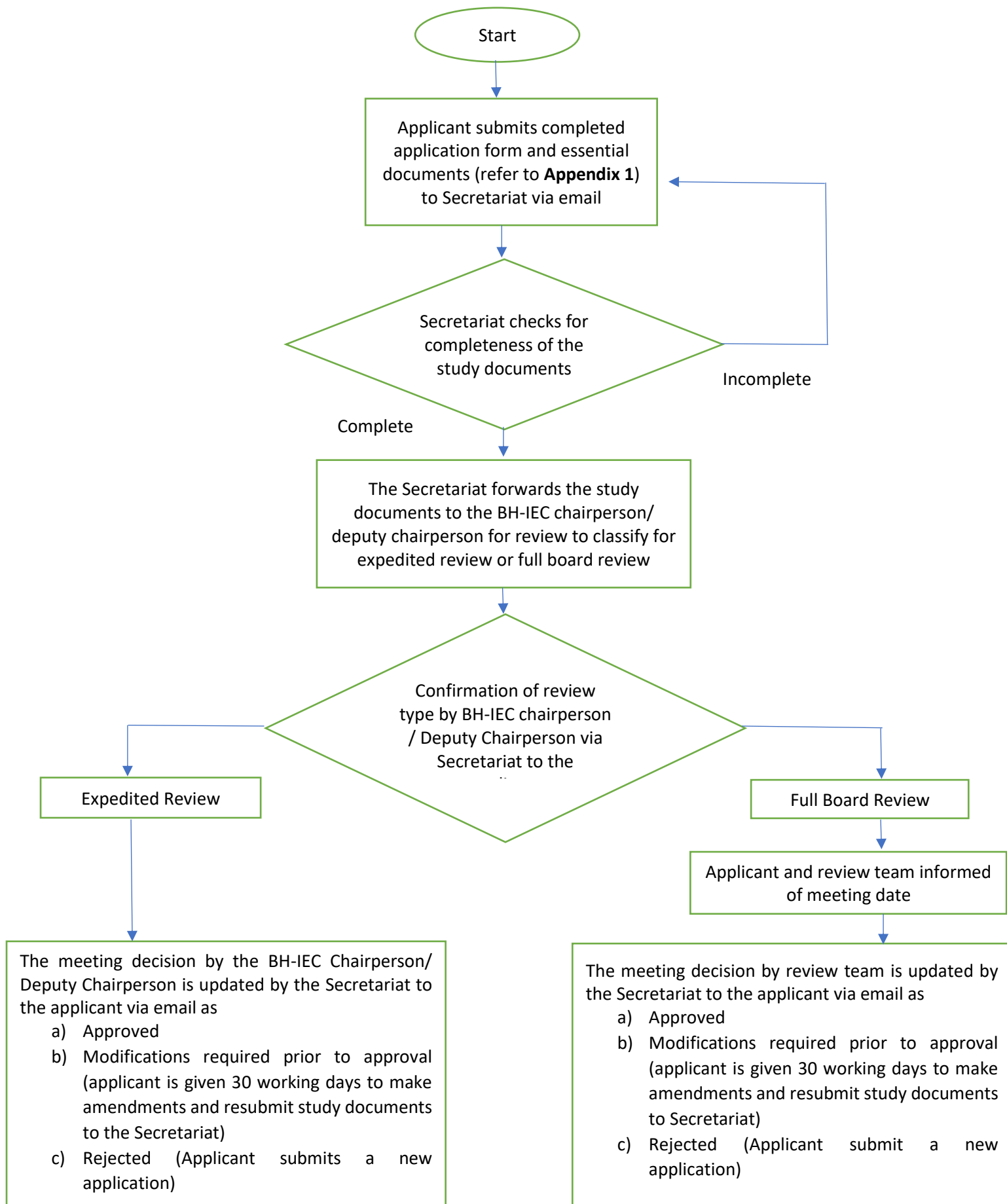


## Beacon-Hospital Independent Ethics Committee (BH-IEC) Application Submission Workflow



**Appendix 1: Checklist Of Documents for Study Application to BH-IEC**

No	Document Submitted	Attachment			Received & Checked <i>(Details to be filled by BH-IEC Secretariat)</i>
		Yes	No	NA	
1.	Study Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Study Submission checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Study Protocol <i>(latest version)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Participant Information Sheet and Consent Form <i>(English &amp; other languages where applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Principal Investigator & sub-investigator current curriculum vitae (CV) <i>(signed, and dated)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Principal Investigator & Sub Investigator Good Clinical Practice (GCP) Certificate of Attendance. <b>Only investigators with certified GCP will be approved.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Principal Investigator's & Sub-Investigator's Annual Practice Certificate (APC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Certificate of insurance and indemnity <i>(if available)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Investigator Brochure including available safety information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Data collection forms or case report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Survey Forms/Questionnaires / Subject diary to be provided to subjects <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Subject recruitment materials including forms, documents, and advertisements to be used in the recruitment of potential participants e.g. Posters for Advertisement <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Letter of Invitation to Patients <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Letter to Doctors Requesting Referral <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Relevant Publications <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Relevant Publications <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Study registration with the National Medical Research Register (NMRR) before application submission (Mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Documents Submission** *(Details to be filled by BH-IEC Secretariat)*

Date received :

Received by :

Documents submitted :  Complete  Incomplete, to re-submit by \_\_\_\_\_

Comments :