Submission Form for Exemption from Ethical Review

Faculty of Associated Medical Sciences, Chiang Mai University

**Explanation**

In general, research proposal involving human subjects must be approved submitted to and have approval from the Research Ethics Committee before the research can be initiated. However, some research or activities could be exempted from ethical review. In such case, investigators who determine that their activities fall under exempt criteria as stated in the Faculty of Associated Medical Sciences Notice on Exempt Research should fill out this application form and submit it together with a Request for Exemption from Ethical Review to the Chair of Research

Ethics Committee. Upon positive opinion from an REC member, a Certificate of Exemption signed by the Chair will be issued accordingly.

Please note that the following types of research are not eligible for exemption:

1. Research involving prisoners, children in orphanages or special education schools, adolescent mothers, individuals with schizophrenia, or human in vitro fertilization procedures. These categories cannot be exempted from ethics review.
2. Research involving educational tests or public behavior observations conducted with children where the researcher is actively involved in the activity being observed.
3. Research involving withholding of information or active deception.

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| 1. Protocol Title | | |
| 2. Name of Principal investigator | Academic Title | Workplace Tel.        E-mail address |
| Dept, Faculty |
| 3. Advisor | Dept, Faculty | Workplace Tel.    E-mail address |
| 4. Funding source and budget approval | | |
| 5. Do all co-investigators have signed the protocol?  All (please attach document)  Some  In case, not all co-investigator have signed the protocol, please give the reason ..... | | |
| 6. Study Summary (Objectives, design, methodology, data analysis) | | |
| 7. Program/Research Proposal Period       Year(s)       Month(s) | | |
| 8. Please attach supporting documents ( 2 Copies)  Researchprotocol    Case report form,CRF  Questionnaires  Other……. | | |
| 9. Program/Research proposal falls under the Faculty of Associated Medical Sciences Notice on Exempt ResearchSection…      (Please describe in short how the Program/Research proposal fits that criteria) | | |
| I assure that I understand the conditions for an exemption from review of a project/research project by the Research Ethics Committee. I agree to conduct the study in accordance with the REC-approved proposal and will only make changes in a proposal after submitting an amendment to the Research Ethics Committee for review and have approval before implementing any change(s).  (Sign)  (     )  Principal investigator  Date…  (Sign) All Co-investigator[[1]](#footnote-1)∅     |  |  | | --- | --- | | .................................................................................  (     ) | .................................................................................... (     ) | | ................................................................................ (     ) | .................................................................................... (     ) | | .................................................................................  (     ) | .................................................................................... (     ) | | | |

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| **For authorized Person only**  To: Secretary of Research Ethics Committee  For your consideration  Signature  (................................................................) DATE (DD/MM/YY) |

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| **For Chair-delegated REC member**  To: Chair of Research Ethics Committee (via secretary)  The program/proposal has been examined and it  fits the criteria of exemption according to the Faculty Notice and could be exempted  does not fit the criteria of exemption and, therefore, it should be subjected to  Expedited review  Full board review  Signature  (................................................................) DATE (DD/MM/YY) |

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| **Chair of the Research Ethics Committee**  Approve exemption  Forward the Program/proposal for  Expedited review  Full board review  Signature…………………………….….………  (.........................................................) DATE (DD/MM/YY) |

1. ∅ Signature not necessary if they appear in the research proposal or if the study is multi-centered [↑](#footnote-ref-1)