

Application Form for Expedited Review

(Name of the Institution)

EC Ref. No.* (For office use):

Title of study:

Principal Investigator (Name, Designation and Affiliation):

1. Choose reasons why expedited review from EC is requested¹² ?

- i. Involves non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples. ☐
- ii. Involves clinical documentation materials that are non-identifiable (data, documents, records). ☐
- iii. Modification or amendment to approved protocol (administrative changes/correction of typographical errors and change in researcher(s)). ☐
- iv. Revised proposal previously approved through expedited review, full review or continuing review of approved proposal. ☐
- v. Minor deviation from originally approved research causing no risk or minimal risk. ☐
- vi. Progress/annual report 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. ☐
- vii. For multicentre research where a designated EC has approved the proposal, a participating EC may review participating centre specific information and modifications in the study proposal through full committee meeting/expedited review depending on the importance of local consent related issues involved specific to the centre. ☐
- viii. Research during emergencies and disasters (See Section 12 of ICMR Ethical Guidelines, 2017). ☐
- ix. Any other (please specify) ☐

2. Is waiver of consent being requested? Yes ☐ No ☐3. Does the research involve vulnerable persons¹³ ? Yes ☐ No ☐

If Yes give details:

Signature of PI: dd mm yy

Comments of EC Secretariat:

Signature of Member Secretary: dd mm yy

¹² Refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2¹³ For details, refer to application for initial review, Section-C, 5(b)

* In case this is first submission, leave it blank