**Annexure 1**

**AX1-V6/SOP04b/V6**

**Expedited Review Application Form**

TMC Project No. *:\_\_\_\_\_\_\_\_\_\_\_\_(To be filled by IEC Secretariat)*

1. Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department/DMG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of study team members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Brief description of the project:

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1. State reasons why expedited review from IEC is requested? (Tick applicable)

* Risks to subjects is no more than minimal
* Research involving non identifiable specimen and human tissue from sources like blood bank, tissue banks, left over clinical samples
* Research involving materials (data, documents, records, or specimens) which are non identifiable that have been collected, for non-research (clinical) purposes

Are children included in the study? □ Yes □ No

Does the research involve vulnerable population? □ Yes □ No

Any other reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator’s signature:** \_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_

***Recommendations by the IEC Member Secretary:***

* Consider for expedited review, Reasons
* Cannot consider for expedited review, Reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Final Decision: □** Expedited Review **□** Full Board Meeting

**Signature of the Member Secretary:**

**Date-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_