

**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: \_\_\_\_\_

\_\_\_\_\_

5. Brief description of the project:

\_\_\_\_\_

\_\_\_\_\_

6. 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Signature of the Member Secretary:**

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