**Ethics Committee of Scientific Research on Clinical Studies, College of Pharmacy, Ninevah University**

**Ethical Review Application Form**

1. **Title of Proposed Study**
2. **Objective of the Proposed Study**
3. **Name of drug and products and the dose investigated.**
4. **Outline of proposed study and procedures involved.**
5. **Specify the sex, age, group, type (healthy or otherwise) and number of volunteers involved.**
6. **Volunteers Selection (Inclusion and Exclusion Criteria)**

* **Inclusion criteria**
* **Exclusion criteria**

1. **Restrictions**
2. **Site of study**
3. **State qualification(s) and experience of applicant of this area of research**
4. **Name of other researchers involved**
5. **Name of Clinician supervising clinical procedures.**
6. **Volunteer participating with written informed consent? (attach copy of consent form).**

**Name of applicant:**

**Signature:**

**Date:**

**Appointment held:**

**Name of institution/organisation:**