Form No.: CRD-QR-A04



IJN Research Ethics Committee DOCUMENTS SUBMISSION CHECKLIST

| <u>Details of Research Project</u> | | | | | |
|------------------------------------|---|------------------|-----|----|--|
| Project Registration Number | | | | | |
| Project Title/Study Project | | | | | |
| | | | | | |
| Spor | Sponsor | | | | |
| | | | | | |
| Investigator | | | | | |
| | | | ., | | |
| NO | DESCRIPTION | No. of Copies | Yes | No | |
| 1 | IJNREC Application Form No. CRD-QR-A02 Version 7.0, Dated 08 August 2023 | | | | |
| 2 | Copy of the Protocol with version no. and date | | | | |
| 3 | Copy of the informed consent form and patient information sheet with | | | | |
| 4 | Version No. and Date (Please list of the language) | | | | |
| 4 | Questionnaire, diaries, product information other documents to be given directly to participants | | | | |
| 5 | , , , , | | | | |
| 6 | Participants recruitment procedure and advertising materials (if applicable) | | | | |
| О | Latest, dated and signed Curriculum Vitae of investigator including MMC number, copy of current Annual Practice Certificate and copy of PDPA notice | | | | |
| | or Non-Disclosure Agreement | | | | |
| 7 | GCP Certificate/Training (for drug related trial) | | | | |
| 8 | Investigator Brochure for the investigational drug or Product Information | | | | |
| O | (where applicable) | | | | |
| 9 | Certificate of Insurance | | | | |
| 10 | Case Report Form (CRF) with Version and Date (if applicable) | | | | |
| 11 | IRB/IEC approval from other sites (if applicable) | | | | |
| 12 | Other supplement documents (if applicable) | | | | |
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| Remarks: | | | | | |
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| Signat | rure : Date : | | | | |
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| | (DD/MMM/YYYY) | | | | |
| Invest | igator : | | | | |
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| FOR OFFICE USE ONLY | | | | | |
| Date of Received : | | | | | |
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