**Submission Form**

**For Ethical Consideration of the Research Project**

**IMPORTANT**

1. Please provide complete information in this Submission Form and submit it together with all required documents to IPSR-IRB via e-mail: [pripsrirb@mahidol.ac.th](mailto:pripsrirb@mahidol.ac.th) . Please refer to Board’s meeting schedule at https://irb-ipsr.mahidol.ac.th
2. This Submission Form should be completed by the principal investigator (PI) who is supposed to know all about the project. Avoid using others to complete this Form.
3. Submission Form with inaccurate/incomplete information or missing any required documents will be excluded from the review process.
4. Before preparing this Submission Form the PIs are recommended to study the “Guideline for Preparing Submission Form” which can be downloaded from https://irb-ipsr.mahidol.ac.th
5. Please insert date **(DD/MM/YYYY)** of your original or revision to an earlier submission in the footer.

**1.** **Project title**

**2.** **Name of principal investigator**

Telephone number e-mail address

Status

□ Faculty member, Institutional Affiliation

□ Researcher, Institutional Affiliation

□ Other staff (specify)

Institutional Affiliation

□ Student, degree sought [ ] Master’s [ ] Ph.D. Student ID

Program of study

Faculty /Institute/ College

**Name of co-investigator (1)/** **Major advisor (in case of thesis)**

Telephone number e-mail address

Status

□ Faculty member, Institutional Affiliation

□ Researcher, Institutional Affiliation

□ Other staff (specify)

Institutional Affiliation

□ Student, degree sought [ ] Master’s [ ] Ph.D. Student ID

Program of study

Faculty /Institute/ College

**Name of co-investigator (2)**

Telephone number e-mail address

Status

□ Faculty member, Institutional Affiliation

□ Researcher, Institutional Affiliation

□ Other staff (specify)

Institutional Affiliation

□ Student, degree sought [ ] Master’s [ ] Ph.D. Student ID

Program of study

Faculty /Institute/ College

**Name of co-investigator (3)**

Telephone number e-mail address

Status

□ Faculty member, Institutional Affiliation

□ Researcher, Institutional Affiliation

□ Other staff (specify)

Institutional Affiliation

□ Student, degree sought [ ] Master’s [ ] Ph.D. Student ID

Program of study

Faculty /Institute/ College

**Name of co-investigator (4)**

Telephone number e-mail address

Status

□ Faculty member, Institutional Affiliation

□ Researcher, Institutional Affiliation

□ Other staff (specify)

Institutional Affiliation

□ Student, degree sought [ ] Master’s [ ] Ph.D. Student ID

Program of study

Faculty /Institute/ College

**3. Funding support and source**

□ Currently funded by (specify funding source)

Source □ Thailand source

□ International source

Amount of fund Baht

* Currently applying for funding support from

(If funded, please notify IPSR-IRB on the amount of fund granted to you)

* Self-funded

**4.** **Summary of research rationale**

**5. Research objectives**

**6. Total time of the research**

Year(s) Month(s), From (m/y) / to /

**7. Research method** (Multiple responses possible as appropriate to your research project)

□ ***Quantitative method involving collection of primary data***

Planned data collection from (M/Y) / to /

□ ***Quantitative method using secondary data from existing source***

Planned data collection from (M/Y) / to /

□ ***Qualitative method involving collection*** ***of*** ***primary data***

Planned data collection from (M/Y) / to /

* ***Qualitative method using secondary data from existing source***

□  ***Participatory action research (PAR)***

Planned data collection from (M/Y) / to /

□ ***Documentary research.*** Specify types and source of documents to use

**8.** **Target population, sample and method of data collection:**

**Note:** If your project involves collection of primary data (quantitative or qualitative), please give adequate information for items 8.1 - 8.5 below.

8.1 Specify target population(s) of your study.

8.2 Specify the sample size and the method of sample size determination.

8.3 Method of selection and access to sample.

8.4 Instrument and process of data collection. (Give all that apply)

8.5 Specify study site/area

**9. Potential risk and risk management.**

9.1 What are potential risks or harms that may happen to your research participants?

9.2 What is your measure to prevent or minimize risks and protect your research participants?

**10. Specify your measure to protect data confidentiality.**

**11. List of documents submitted with this submission form. (Check all appropriate boxes)**

□ A cover letter to IPSR-IRB requesting ethical consideration. For the project involving primary data collection, the letter must also indicate that data collection has not begun, and will not begin unless ethical approval is granted.

□ Submission form

□ Full research proposal.

□ An approval letter of thesis title and appointment of thesis advisory committee (In case of thesis)

□ Research tools for data collection such as questionnaire, guidelines for in-depth interview and/or focus group discussion. (Required for projects involving primary data collection)

□ Participant information sheet (Required for projects involving primary data collection)

□ Informed consent form (Required for projects involving primary data collection)

□ Letter of permission for use of the secondary data (Required for projects involving secondary data collection)

□ Evidence of submission fee payment

□ Certificate of Training in Human Research Ethics required for all researchers, with a training duration not exceeding 3 years

* Curriculum Vitae all researcher
* Other documents if any (specify)

|  |  |
| --- | --- |
| Signature  ( )  Date | Signature  ( )  Date |
| **Principal Investigator** | **Co-principal Investigator/Major Advisor** |

|  |
| --- |
| Signature  ( )  Date |
| **Direct Superior Authorized to Approve Research Project** |