

ESI INSTITUTE OF PAIN MANAGEMENT

Institutional Ethics Committee

Form to be filled by Reviewers

Serial No of IEC Management Office:

Proposal Title:

Principal Investigator:

Co-investigator: 1.
2.
3.

Supporting Agency: ICMR/ non ICMR

If non ICMR, name of agency:

Project Status: New Revised

Review: Regular Interim

Date of Review:

1. Research Design

- i. Scientifically sound enough to expose subjects to risk Yes No
- ii. Relevant to contribute to further knowledge Yes No
- iii. Of national importance Yes No

2 Risks

- a. Is there physical/social/psychological risk/discomfort? Yes No
- b. Is the overall risk/benefit ratio Acceptable Unacceptable

3 Benefits

- Direct: Reasonable Undue None
- Indirect: Improvement in science/knowledge Any other

ESI INSTITUTE OF PAIN MANAGEMENT

4 Subject selection :

- i Inclusion / exclusion criteria addressed? Yes No
- ii Vulnerable subjects (woman, child, mentally challenged, seriously or terminally ill, foetus, economically or socially backward and healthy volunteers) adequately protected ? Yes No
- iii. Special group subjects (captives, students, nurses & dependant staff) adequately protected? Yes No

5 Privacy & Confidentiality maintained? Yes No

6 Patient Information Sheet: Adequate Inadequate

7. Consent form components addressed adequately? Yes No

8. Compensation, (if applicable) addressed adequately? Yes No

9. Is there a Conflict of Interest? Yes No

If yes,

Acceptable Unacceptable

10. Budget: Appropriate Inappropriate

11. Decision of review

Recommended	<input type="checkbox"/>	Recommended with suggestions	<input type="checkbox"/>
Revision	<input type="checkbox"/>	Rejected	<input type="checkbox"/>

Any other remarks/suggestions:

Reviewer's name and Signature