



KLE Society's Institute of Dental Sciences, Bangalore-22

Institutional Ethics Committee Review Form

Serial No of IEC (to be filled by IEC Office):

-----To be filled by Investigators-----

Proposal Title:

Principal Investigator:

Co-investigator: 1.
2.
3.

Supporting Agency: ICMR/ non ICMR

If non ICMR, name of agency:

-----To be filled by Reviewer-----

Project Status: New ☐ Revised ☐

Review: Regular ☐ Interim ☐

Date of Review:

1. Research Design

- | | | | |
|------|--|------------------------------|-----------------------------|
| i. | Scientifically sound enough to expose subjects to risk | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii. | Relevant to contribute to further knowledge | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii. | Of national importance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2 Risks

- | | | | |
|----|---|-------------------------------------|---------------------------------------|
| a. | Is there physical/social/psychological risk/discomfort? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Is the overall risk/benefit ratio | Acceptable <input type="checkbox"/> | Unacceptable <input type="checkbox"/> |



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3 Benefits

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

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 ☐

Recommended with suggestions ☐

Revision ☐

Rejected ☐

Any other remarks/suggestions:



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Reviewers names and Signatures :

1. Dr. I. B. Vijayalaxmi	
2. Dr. Shyla V.	
3. Mr. Gundu Rao H.L	
4. Mr. Ananth M.	
5. Mrs. Nancy Shetty	
6. Dr. Sumitra	
7. Dr. Madhu K.	
8. Dr. Srivastava B K	