



**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:



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

### Reviewers names and Signatures :

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