

***Please submit this form together with your IRB application

FORM A

Section A (to be completed by PI)

Declaration by PI

I declare that	Please tick
the study is construed as "research" ¹	<input type="checkbox"/>
the research is excluded from the HBRA	<input type="checkbox"/>
the students' research is of minimal risk ²	<input type="checkbox"/>
the research involves vulnerable populations ³ and/or deception ⁴ (see IRB-GUIDE-020 on the use of deception in research)	<input type="checkbox"/>
the research involves the use of lucky draws in lieu of reimbursement for participation in the study, where the conduct of the lucky draws or research fulfill the criteria as stated in the NUS-IRB's guidelines for lucky draws	<input type="checkbox"/>
the research is not part of a faculty member's research project already subject to review by NUS-IRB	<input type="checkbox"/>
the research does not involve any testing of a medical device or health product as defined in the Health Products Act	<input type="checkbox"/>

Name and Signature of PI:

Date:

¹ Any systematic investigation with the intention of developing or contributing to generalization knowledge.

² Risk is considered minimal where the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

³ Refers to subjects who may be unduly coerced or influenced to participate (e.g. children, prisoners, pregnant women, cognitively impaired persons, or educationally disadvantaged persons who require special consideration to protect their welfare).

⁴ Deception occurs when (i) a researcher deliberately gives subjects false information about some aspect of the research; or (ii) knowingly withholds information about the real purpose or nature of the research (i.e. incomplete disclosure or concealment).

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Section B (to be completed by DERC)

	Yes	No
I acknowledge that this research is in keeping with standards set by the Department of Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Name and Signature of DERC Reviewer

Date