



**SHAHEED MOHTARMA BENAZIR BHUTTO
INSTITUTE OF TRAUMA**

**Exemption form for Research Studies
ETHICS REVIEW COMMITTEE (ERC)**

Study Details	Title:
	Key Words:
	Study Area:

Principal Investigator	Name	Department	Signature

Co-PI's	Name	Department	Signature

Please mark the appropriate box as

Types of study		Yes	No
a.	Retrospective review of patient's charts		
b.	Prospective data collection from patient's charts		
c.	Analysis of laboratory/ radiology data		
d.	Clinical audit		
e.	Evaluation of practice guidelines		
f.	Case reports		
g.	Others; please specify		



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Period of data collection			
From		to	

Starting date of study:

Summary of data to be collected		Yes	No
a.	Demographics of the patients i.e. name addresses, phone numbers, e-mail address		
b.	Clinical notes		
c.	Photographs		
d.	Laboratory data/ radiology data		
e.	Management data		
f.	Other, please specify		

Utilization of data to be collected: Will it be used for		Yes	No
a.	Publication of papers in journals/newspapers		
b.	Oral / poster presentation in meetings / conferences		
c.	Students / residents' teaching		
d.	Planning subsequent larger studies		

Please answer the following questions and mark the appropriate box as \checkmark		Yes	No
a.	Will any photographs be used/taken for publication?		
b.	If yes, has written permission been obtained from the study subject or guardian?		
c.	Has the departmental research/review committee reviewed the study		
d.	Did the departmental committee raise any ethical concerns?		
e.	If yes, what were the ethical issues?		



f.	Were those ethical concerns resolved?		
10. Summary of Objectives & Methods of Study, including selection and exclusion criteria of study subjects, sample size, analysis plan, etc.			



Approval from the Departmental Research Review Committee

The Departmental Research Review Committee (DRRC) has reviewed the above study. The Committee members are satisfied that the research study falls in the exemption category and has no ethical issue. The study is being submitted to ERC for granting of an exemption letter.

Name of DRC Chair _____

Signature _____

Date _____

Name Department HOD _____

Signature _____

Date _____



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For ERC's Chairperson

	Yes	No	Signature of Chair ERC
Exemption granted			
If not, then state the reasons			
Has the PI been informed about the decision of ERC?			
If yes, has any response been received?			
If yes, has the response been reviewed by the Chair of ERC?			
If yes, what decision was taken? Was exemption granted?			