

**MOI UNIVERSITY COLLEGE OF HEALTH SCIENCES AND**

**MOI TEACHING AND REFERRAL HOSPITAL**

**INSTITUTIONAL ETHICS AND RESEARCH COMMITTEE**

**MTRH/MU-IREC) REVIEW**

**MU/MTRH IREC PROTOCOL SUBMISSION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant** | | |
| YES | NO | N/A | |
| E -copy of the proposal |  |  |  | |
| E- copy of the reviewer guideline form |  |  |  | |
| E- copy of the abstract form |  |  |  | |
| E- copy of the v[ulnerable population form](https://irec.or.ke/wp-content/uploads/2017/03/Vulnerable-Polpulations-Form2.0.rtf)(if applicable) |  |  |  | |
| [Informed consent](https://irec.or.ke/wp-content/uploads/2017/03/IREC-template-Informed-Consent-2.0.doc)  document (see IREC template) |  |  |  | |
| Informed assent document if applicable (see online examples and customize to suit your study) |  |  |  | |
| CV of the PIs and co-investigators |  |  |  | |
| Contact details and signatures of PIs must be included  \*Supervisors’ signatures must be included for all student submissions |  |  |  | |
| Institutional Affiliation |  |  |  | |
| Names and addresses of co-investigators provided |  |  |  | |
| Whether the study is funded |  |  |  | |
| The budget of the study is included |  |  |  | |
| Receipt/invoice of proof of payment of IREC fee as applicable( see payment schedule) |  |  |  | |