

**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) |  |  |  |