

Application Form for Review

※ Applicant does not fill out table with thick boundary.

Receipt Number					
Name of Research Project					
Lead Researcher	Personal Information			Contact Information	
	Name			Phone	
	University			Mobile Phone	
	College (Dept.)			Fax	
	Title			E-mail	
	Detailed Major				
	Co-Researcher	Name	Organization	Title	Major
	Advisor ※ If researcher is a student	Name: Organization:			
Expected Period of Research					
Type of Research ※ Duplicate Marking Allowed	<input type="checkbox"/> Survey <input type="checkbox"/> Observational Study <input type="checkbox"/> Behavioral Experiment Study <input type="checkbox"/> Tissue and Sample Study (Blood, Body Fluid, etc.) <input type="checkbox"/> Stored Sample Study			<input type="checkbox"/> Patient Group Study Using Medical <input type="checkbox"/> Cohort Study <input type="checkbox"/> Gene Study <input type="checkbox"/> Gene Therapy Study <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Others()	
	<input type="checkbox"/> Prospective Study <input type="checkbox"/> Retrospective Study <input type="checkbox"/> Combined Study				
	<input type="checkbox"/> Single Institute Study <input type="checkbox"/> Multi-Institute Study: Number of Institutes ()				
	<input type="checkbox"/> Multi-National Study: Number of Countries()				
Research Fund	Supporting Organization		Research Fund	KRW	
IRB Approval form Other Organization	<input type="checkbox"/> Approved <input type="checkbox"/> Not Applicable				

Type of Review ※ Duplicate Marking Allowed	<input type="checkbox"/> Review Exemption ※ Submitted Application for Review Exemption	
	<input type="checkbox"/> Initial Review <input type="checkbox"/> Re-review	
	<input type="checkbox"/> Continued Review ※ Review Cycle: <input type="checkbox"/> 3Months <input type="checkbox"/> 6Months <input type="checkbox"/> 12Months <input type="checkbox"/> Others	
	■ Mandatory Documents Required <input type="checkbox"/> 1copy of Application Form for Review <input type="checkbox"/> 1copy of Research Proposal Self-Check Table <input type="checkbox"/> 2copies of Research Proposal for Review and same digital file <input type="checkbox"/> 1copy of Written Oath on Observance of Bioethics <input type="checkbox"/> Explanatory note for content on research and consent form <input type="checkbox"/> Means for collecting human research subject data(Questionnaire) <input type="checkbox"/> Copy of research ethics education certificate-within 2years <input type="checkbox"/> Resume of lead researcher <input type="checkbox"/> Statement of conflict of interest <input type="checkbox"/> Written confirmation of review cost deposit	■ Documents Required When Necessary <input type="checkbox"/> Application for Review Exemption <input type="checkbox"/> Documents relation to human research subject recruit <input type="checkbox"/> Statement of reasons for exemption of consent <input type="checkbox"/> Source book of clinical tester <input type="checkbox"/> Copy of written IRB approval from other organizations <input type="checkbox"/> Case report form
Human Research Subject Information	Human Research Subject Group	<input type="checkbox"/> Healthy people <input type="checkbox"/> Patient <input type="checkbox"/> Vulnerable human research subject group
	※ Mark below when human research subject group corresponds to vulnerable human research subject group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Pregnant woman <input type="checkbox"/> Adult with lack of cognitive ability <input type="checkbox"/> Employee of research institute and lead researcher <input type="checkbox"/> Employee or student of corresponding organization <input type="checkbox"/> Minor </div> <div> <input type="checkbox"/> Disabled person <input type="checkbox"/> Inmate in facilities <input type="checkbox"/> Social minorities <input type="checkbox"/> Others() <input type="checkbox"/> Not applicable </div> </div>	
Number of Human Research Subject	<input type="checkbox"/> () persons	
Acquire Consent from Human Research Subject	<input type="checkbox"/> In writing <input type="checkbox"/> Not Required ※ Submitted Application for Review Exemption	
	From whom will the consent be obtained? <input type="checkbox"/> Human research subject <input type="checkbox"/> Legal representative <input type="checkbox"/> Others	
	Who will do the explanation in the consent process? <input type="checkbox"/> Leader researcher <input type="checkbox"/> Person relating to research <input type="checkbox"/> Others	
	How much time is required for explanation for consent?	

