

<p>25. Declaration of Conflict of interest of PI</p>	<p><input type="checkbox"/> 25.1 I have no conflict of interest in any form (financial, propriety, professional) with sponsor the study, CO-Investigators, or the site NATURE: <input type="text"/></p> <p><input type="checkbox"/> 25.2 I have personal/family financial interest in the result of the study NATURE: <input type="text"/></p>						
<p>26. Other investigator's with corresponding task description</p>							
<p>27. Submitted by:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; text-align: center;">Study Designation</td> <td style="width: 50%; text-align: center;">Principal Investigator</td> </tr> </table>					Study Designation	Principal Investigator
Study Designation	Principal Investigator						
<p>28. PI Signature</p>							
<p>29. Department/Section approval/screening</p>	<p style="text-align: center;">_____ Signature/Designation</p>						

9. Study Protocol Synopsis							
10. Study Duration							
11. Use of special populations or vulnerable groups		<input type="checkbox"/> 11.1 Children (under 18) <input type="checkbox"/> 11.2 Indigenous People <input type="checkbox"/> 11.3 Elderly <input type="checkbox"/> 11.4 People on welfare/social assistance <input type="checkbox"/> 11.5 Poor and unemployed <input type="checkbox"/> 11.6 Patients in Emergency Case <input type="checkbox"/> 11.7 Homeless Person <input type="checkbox"/> 11.8 Refugees or displaced persons <input type="checkbox"/> 11.9 Patients with incurable disease <input type="checkbox"/> 11.10 Others (indicate) <input type="checkbox"/> 11.11 Not applicable					
12. Study Site		<input type="checkbox"/> 12.1 MJH <input type="checkbox"/> 12.2 Non-MJH					
13. Funding Agency		13.1 Name					
		TYPE OF FUNDING AGENCY					
		<input type="checkbox"/> 13.2 Investigator <input type="checkbox"/> 13.3 MJH <input type="checkbox"/> 13.4 Private company or Non-governmental organization (NGO) <input type="checkbox"/> 13.5 Others (indicated)					
14. Study Budget							
15. Principal Investigator							
16. Birthday							
17. PI Address							
18. PI Facsimile							
19. PI Mobile							
20. PI Email							
21. Other on-going studies		21.1 Title					
		21.2 MJH-Code (if applicable)					
22. PI-GCP Certificate		<input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Co-Author GCP		<input type="checkbox"/> Yes <input type="checkbox"/> No					
24. CV & PI/Cp-Author		<input type="checkbox"/> Yes <input type="checkbox"/> No					

**REGISTRATION AND APPLICATION FORM  
For Initial Review and Resubmission**

**SECTION I: APPLICATION INFORMATION**

1. Study Protocol Code	1.1 Reference Number :	
	1.2 MJH CODE:	
2. Type of Submission	<input type="checkbox"/> 2.1 Initial Interview <input type="checkbox"/> 2.2 Resubmission (Response to initial Interview recommendations or submission of studies with investigator-initiated changes prior to ethics approval). Note: version and date must be inserted as a document footer for all resubmission.	
3. Date of submission:		
4. Study Category	<input type="checkbox"/> 4.1 Research involving human participants <input type="checkbox"/> 4.2 Research involving non-human living vertebrates <input type="checkbox"/> 4.3 Others (indicate):	
5. Type of Study:	<input type="checkbox"/> 5.1 Clinical Trial (drug or pharmaceutical trials, diagnostic trials, trials on devices and other therapy trials) NOT intended for making registration. <input type="checkbox"/> 5.2 Non-clinical <ul style="list-style-type: none"> <li><input type="checkbox"/> 5.2.1 Diagnostics</li> <li><input type="checkbox"/> 5.2.2 Herbal Research</li> <li><input type="checkbox"/> 5.1.3 Complementary and alternative medicine research</li> <li><input type="checkbox"/> 5.1.4 Review of medical records</li> <li><input type="checkbox"/> 5.1.5 Epidemiological study</li> <li><input type="checkbox"/> 5.1.6 Sociobehavioral research</li> <li><input type="checkbox"/> 5.1.7 Health informatics</li> </ul> <input type="checkbox"/> 5.3 Others, please indicate:	
6. Category of Investigator	<input type="checkbox"/> 6.1 MJH <ul style="list-style-type: none"> <li><input type="checkbox"/> 6.1.1 Residents-in-training</li> <li><input type="checkbox"/> 6.1.2 Residents/graduated completing research requirements.</li> <li><input type="checkbox"/> 6.1.3 Nursing</li> <li><input type="checkbox"/> 6.1.4 Others, Please specify:</li> </ul>	
7. Purpose of Study	<input type="checkbox"/> 7.1 Academic requirement (Training requirement) <input type="checkbox"/> 7.2 Independent research work <input type="checkbox"/> 7.3 Others (indicate):	
8. Study Title		