



ICSCR-UOH Number:

## **APPLICATION PROCEDURE**

All Principal Investigators are requested to submit (not more than 3) new project proposals for the review of Institutional Committee on Stem Cell Research (IC-SCR) on or before schedule date as indicated by the Member/Secretary of the ICSCR in the prescribed **proforma (E-Copy)** and in a **single print hard copy** set for consideration.

**Office of the Member Secretary, ICSCR – University of Hyderabad**  
**(Dr. M. Surya Durga Prasad / Mr. Shiva)**  
**School of Medical Sciences**  
**Science Complex, Old Life Science Block,**  
**University of Hyderabad, Telengana – 500046**  
**Email: [ic-scr@uohyd.ac.in](mailto:ic-scr@uohyd.ac.in)**

Application should be sent along with duly filled Proforma I and II. Principal Investigators are requested to provide the information in this Proforma - I for review along with protocol proposal. Principal Investigator must fill the relevant information in proforma II and enclose for ICSCR committee meeting.

Principal investigator / Co-Investigator is requested to come (students will not be allowed to present the proposal) prepared with a 5 minutes power point presentation (maximum 10 slides) of the proposal to interact with the committee during ICSCR meeting.

### **Application Checklist:**

- 1. Covering letter for each of the application**
- 2. Duly filled and signed Proforma parts I & II with information**
- 3. Structured Project Proposal in brief not exceeding 3 A4 pages**
- 4. Detailed Proposal copy**
- 5. Regulatory approvals – IEC, MTA, etc**
- 6. Consent forms and Information brochures**
- 7. CV of the Principal Investigator**
- 8. Any other supporting document**



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## PROFORMA – I

**INSTITUTIONAL COMMITTEE ON STEM CELL RESEARCH (ICSCR)  
UNIVERSITY OF HYDERABAD  
HYDERABAD – 500 046**

### PROTOCOL SUBMISSION FORM

Date:

**1. Title of the Project,**

**2. Principal Investigator:**

2.1 Name of the Investigator:

2.2. Qualifications

2.3 Designation:

2.4 Department :

**3. Co-Investigators:**

**3.1.1. Name of the Co- Investigator 1;**

3.1.2 Qualifications

3.1.3 Department :

3.1.4 Name of the Institution:

**3.2.1. Name of the Co- Investigator 2;**

3.2.2 Qualifications:

3.2.3 Department:

3.2.4 Name of the Institution:

**3.3.1. Name of the Co- Investigator 3;**

3.3.2 Qualifications

3.3.3 Department:

3.3.4 Name of the Institution:



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**3.4.1. Name of the Co- Investigator 4;**

3.4.2. Qualifications:

3.4.3 Department:

3.4.4 Name of the Institution:

**Note: If more co-investigators are involved, please photocopy this form and use**

**4. Level of review required:**

Full

Expedited

Amendment

**5. Funding source:**

5.1 Internal Funding (Only for Academic Projects).

5.2 External Funding

5.2.1 National/ International

5.2.2 National Agency/CRO/ Industry

Other Specify: \_\_\_\_\_

**Name of the Funding Agency:**

**Address and Contact Details of Funding Source:**

**6.0 Performance Sites:**

Has application been reviewed by any other hospital/ Institute / DCGI/ appropriate regulatory authority:

Yes

No

**6.1 Additional Performance Sites / Collaborating Centers**

Any other sites are involved in the present study?



Yes

No

N/A

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If yes, Please fill the following tables:

S.No	List of other sites
.	



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## PROFORMA II

### 7. Details of Basic Science Research Projects

Basic Science Research Project	
Title	
Funding Agency	
Duration of the project	
Objectives	
Nature and source of cells	
Level of manipulation	Minimal / Substantial / Major ( <i>delete inapplicable</i> )
<b>Brief Summary (limit to 250 words)</b>	



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## 8. Description of Study

8.1 Describe the procedures or tasks/tests the subjects will be asked to Complete or undergo using non-technical language.



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**8.2 Does the research involve the use of any drugs?**

Yes                      No

*If yes, please submit the Drug information Brochure / Investigator's Brochure*

**8.3 Does the research involve the use of any device?**

Yes                      No

*If yes, Please submit the device information Brochure*

**8.4 If the research does not involve 8.2 or 8.3 e then write in 150 words what the research proposes to do and submit the Information Brochure?**

**9.0 Administrative approvals**

- 9.1 DCGI for IND / NDA :
- 9.2 IEC (of each center) including host institution:
- 9.3 Approved participant information sheet and consent form:
- 9.4 IC-SCR / NAC-SCR approval if required:
- 9.5. MOU /MTA in case of National/International collaboration for bio-material:
- 9.6 Funding of the project / sponsor:
- 9.7 Conflict of interest declaration:
- 9.8 Incentives to investigators/participants/patients/donors:
- 9.9 Mention Post – study benefits if any:
- 9.10 Medical Insurance coverage/Any indemnity clauses:



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9.11 Sponsor’s responsibility towards cost of research if any:

9.12 Investigators bio – data/CV/acceptance

**10. Details of contact persons of research team for any queries during research period.**

**11.. Investigator’s Assurance**

I certify that the information provided by me is complete and correct.

I understand that as principal Investigator, I will take full responsibility for the conduct of study and ethical performance of the project.

I agree to comply will all rules and regulations of IEC/ICSCR and University of Hyderabad for the conduct of the study.

I hereby declare that:

- Qualified personnel according to ICSCR will conduct the study.
- No change will be made in the protocol or consent form until approved by the ICSCR.
- Legally effective informed consent will be taken from Human subjects if applicable.
- I further certify that the proposed research is not currently being conducted and will not begin until ICSCR approval has been obtained.

Investigators	Signature	Date
Principal Investigator:		
Co-Investigator 1		
Co-Investigator 2		
Co-Investigator 3		
Co-Investigator 4		
Co-Investigator 5		
Co-Investigator 6		



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