



ETHICS COMMITTEE  
FACULTY OF MEDICINE  
ALEXANDRIA UNIVERSITY

IRB NO: 00007555- FWA NO: 0008699

<http://www.hhs.gov/ohrp/assurances/index.html>

## Submission form of a Project

**Date of receiving the protocol:** .....

**Name of principle investigator:** .....

**Telephone:** .....

**Department:** .....

**Title of the Project:**.....

.....

.....

**Sponsor:** ..... **Telephone:** .....

**Project start in:**        /    /

**Project end in:**        /    /

**Duration Expected:**

**Specialty:**

**Type of the study:**   **Observational**           **Interventional**  

**Study design and type of control:**

**Number of total subjects in the project:**

**Participating countries:**

**Number of subjects in Alexandria:**

**Samples:**

Sent abroad:

Genetic analysis:

Storage for future research:

**Informed consent:**

Unified in all sites:

**Signature of principal investigator**

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