



**Application Form for Research ethics committee
Faculty of dentistry Beni-Suef university
FDBSU-REC**

Principal investigators' name: -

(including position, affiliation, ID and contact details)

Co-investigators name(s)

(including position, affiliation, ID and contact details)

Supervisor(s) name (if applicable)

(including position, affiliation, ID and contact information)

Faculty/University

Title: (in English)

Title: (in Arabic)

The Research project:

MD

PHD

research work/project:

Funding:

No funding (self-funded)

Internal funding

External funding:



Type of Study design: (eg. Cross-sectional, randomized, placebo/control.....etc)

Age group included in the study

Please mention if any vulnerable subjects will be included in the study if applicable

Aim of performing the research

Ethical consideration (if applicable)

(include confidential/ sensitive information or intellectual property information)

Procedures that will be done on the patient in details:

Potential Risk or problems & safety consideration:

Benefits of participating in the study:

After completion of the study, the participants will be informed of the results and they will be informed of any results related to their health

Signature:

Date: