

Annexure 5
Document Receipt Form for initial review

Protocol Number:	Received number:	Submitted date:
Protocol Title:		
Principal Investigator:		
Department		
Communication with the IEC :	E-mail address Phone Fax _____	
For office use only		
Documents submitted:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete, will submit on.....	
Documents to be submitted later :	<input type="checkbox"/> final signed clinical trial agreement <input type="checkbox"/> informed consent form (in vernacular language) <input type="checkbox"/> study budget <input type="checkbox"/> DCGI <input type="checkbox"/> CTRI <input type="checkbox"/> GCP Training certificate	To verify and tick whether documents received. <input type="checkbox"/> final signed clinical trial agreement <input type="checkbox"/> informed consent form (in vernacular language) <input type="checkbox"/> study budget <input type="checkbox"/> DCGI <input type="checkbox"/> CTRI
	<input type="checkbox"/> Other sites EC permission <input type="checkbox"/> Others.....	<input type="checkbox"/> GCP Training certificate <input type="checkbox"/> Other sites EC permission <input type="checkbox"/> Others.....
Received by (Name and signature) :		
Date on which documents received:		

Note: Please bring this receipt with you when you visit the office of the Institutional Ethics Committee.