**FORM A-2.**

**Registration number \_\_\_\_\_\_\_\_\_\_**

**Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST**

**FOR ETHICAL EXPERTISE BC West Kazakhstan State Medical University named after Marat Ospanov**

|  |  |
| --- | --- |
| Criteria | Description |
| Name of the study |  |
| Date of application |  |
| Contact details  (FULL name, phone, e-mail) |  |
| Principal Investigators (name of the organization) | 1. |
| Other researchers  (name of the organization) | 1.  2. |
| Research Center  (name of the center) |  |
| Research design |  |
| Type of study |  |
| Study participants (people, animals, other) |  |
| Research methodology |  |
| Number of participants |  |
| Age range of study participants |  |
| Presence of vulnerable groups |  |
| Source of research funding |  |
| Resources requested from the organization |  |
| Presence of a conflict of interest |  |
| Note |  |