REQUEST FOR REVIEW OF PROPOSAL BY MUERC – APPLICATION FORM

NOTE: This form must be attached to every application/proposal forwarded to MUERC for review

Type of Application/proposal for review (tick appropriately):
New [__] Revised [__] Amendment [__]

Title of project/study
__________________________________________________________________________

Name of Principal Investigator(s):
__________________________________________________________________________

Principal Investigator(s) contact phone numbers:
__________________________________________________________________________

Principal Investigator(s) e-mail addresses:
__________________________________________________________________________

Institutional Affiliation and addresses:
__________________________________________________________________________

Declaration: I __________________________________________ (full names)

Being the principal investigator for this project/study declare that:

(a) Any changes to proposed procedures or protocols shall be requested and effected only after written approval by MUERC.

(b) The below listed participating investigators are bound by (a) above.

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<th>NAME</th>
<th>INSTITUTIONAL AFFILIATION</th>
<th>SIGNATURE</th>
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Signature of Applicant/Principal Investigator) ___________________________ Date __________________
MUERC secretariat

I have checked the proposal and I confirm that the application is complete.

Checklist for Completeness – [Indicate Yes or No for each]
✓ Three (3) copies of application and all supporting documents. ____________
✓ One of the three copies contains original inked authorization signatures. _________
✓ Application/proposal signed by all investigators on study/project. ________________
✓ Signed and dated CVs/resumes of all investigators on study/project. ________________
✓ If application/proposal is received from a non-Maseno University investigator, there exists proof of prior review and approval from the applicants’ home institution. _____
✓ Any other comment (describe) ________________________________________________

Name of recipient: ____________________________________________________________
__________________________________________          _____________          ____________
Signature of recipient       Time                        Date

Confirmed by:

Name: ____________________________________________________________
__________________________________________          _____________          ____________
Signature of recipient       Time                        Date

MUERC secretary

__________________________________________          _____________          ____________
Signature       Time                        Date