**Online Submission Form for Chiang Mai University Research Ethic Committee**

AF 01-07

**Please fill in this form.**

1. Project Title

Click or tap here to enter text.

1. Name of Project Leader

Click or tap here to enter text.

Telephone Number : Click or tap here to enter text. e-Mail : Click or tap here to enter text.

1. Status

[x]  Lecturer/Researcher

 [ ]  Lecturer

 [ ]  Assistant Professor

 [ ]  Associate Professor

 [ ]  Professor

Affiliation Click or tap here to enter text.

[ ]  Student [ ]  Bachelor Program [ ]  Master Program [ ]  PhD Program

 Curriculum / Program Click or tap here to enter text.

Faculty Click or tap here to enter text.

 Name of Thesis Advisor Click or tap here to enter text.

Affiliation Click or tap here to enter text.

Telephone Number : Click or tap here to enter text. e-Mail : Click or tap here to enter text.

[ ]  Others (Please specify) Click or tap here to enter text.

Affiliation Click or tap here to enter text.

1. Research Funding

[ ]  Has a research funding (Please specify funding source) Click or tap here to enter text.

[ ]  During the application process (Please specify funding source) Click or tap here to enter text.

[ ]  No funding

1. Research Background

*(Please specify)*

1. Research Objectives

*(Please specify)*

1. Information of Research Project

7.1 Type of research project (can answer more than 1)

[ ]  Quantitative research

[ ]  Qualitative research

[ ]  Documentary research

[ ]  Action research

[ ]  Participatory action research

[ ]  Mixed method research

[ ]  Others (Please specify) Click or tap here to enter text.

* 1. Population sample / target

*(Please specify)*

* 1. Selection criteria for research participants

*(Please specify)*

* 1. Criteria for research participants rejection (the answer should not be the opposite of the qualified participants)

*(Please specify)*

* 1. Criteria for research participant termination

*(Please specify)*

* 1. Action plan if participants withdraw from the research

*(Please specify)*

* 1. Sample size

*(Please specify)*

* 1. Sample size calculation

*(Please specify)*

* 1. Statistics or other methods for data analysis

*(Please specify)*

* 1. Study area

*(Please specify)*

 7.11 Data collection duration\* Click or tap here to enter text.year Click or tap here to enter text.month

 from Click or tap to enter a date. to Click or tap to enter a date.

\*The research project must start to collect data to answer the research objectives after the approval from the Research Ethic Committee.

* 1. Total research project duration Click or tap here to enter text. year Click or tap here to enter text. month

from Click or tap to enter a date. to Click or tap to enter a date.

1. Please clarify whether the research participant(s) are vulnerable group(s) or not.

[ ]  No.

 [ ]  Yes, please specify (can answer more than 1)

 [ ]  Inferiority in financial or educational status, or reading or writing inability [ ]  Patients with disease that cannot be cured

[ ]  Patients with social stigma disease

[ ]  People with mental disabilities e.g. mental retardation or behavioral disorders.

[ ]  Children in detention center/shelter/home

[ ]  Older people living in a nursing home

[ ]  Fetus/Pregnant woman

[ ]  Refugee group

[ ]  Prisoner

[ ]  Homeless group

[ ]  Minority or people who cannot communicate in Thai

[ ]  Sex worker

[ ]  Drug addict or drug trafficker

[x]  Others (please specify) Click or tap here to enter text.

1. Please specify the invitation process to recruit participants.

*(Please specify)*

1. Expected benefits from this research, both to the participants and the overall benefits.

*(Please specify)*

1. Risk of adverse events (e.g. research participants may feel uncomfortable with some questions)

*(Please specify)*

1. Measurement to maintain confidentiality of the data

[ ]  None.

 [ ]  Yes. (please specify)

 [ ]  Store data in a safe place with restrict access.

 [ ]  Save data in computer with require password to access.

 [ ]  Removal of identifier data.

[x]  Others (please specify) Click or tap here to enter text.

1. How to protect confidentiality of participants' personal information e.g. use of code instead of participants' name and personal identifier to record data in the archive.

*(Please specify)*

1. How to protect confidentiality of participants' personal information in case of interview, voice recording, photograph, or video recording

*(Please specify)*

1. Please specify person who can access the data information.

*(Please specify)*

Period of data retention from Click or tap to enter a date. to Click or tap to enter a date.

1. Data retention period.

*(Please specify)*

1. Please specify the way to destroy data after the retention period.

*(Please specify)*

1. Remuneration/Gift/Knowledge for research participants or data contributor.

[ ]  None

[ ]  Research participants receive a gift (please specify) Click or tap here to enter text.

 Amount (approximately) Click or tap here to enter text. Baht

[ ]  Participants receive compensation

 Amount (approximately) Click or tap here to enter text. Baht

[ ]  Others (please specify) Click or tap here to enter text.

1. Please specify research process that protect the rights of participants and beware of the negative impact.

*(Please specify)*

1. Please provide details for voluntary permission of research participants. Explain how to treat the participants with ethical considerations, without any direct or indirect pressure/ motivation, proper, understandable and respectful language use in both writing and speaking.

*(Please specify)*

1. Are there any participant information sheet and participant consent form for exemption of written participant consent form?

[ ]  No

[ ]  Yes

*(Please clarify your reason for exemption of written participant consent form)*

1. Please clarify the type of research protocol. (If you are not sure, please go to CMUREC Guideline for Research Proposal Submission)

(Please note that the final decision of protocol consideration is up to the CMUREC)

[ ]  Exemption review

[ ]  Expedited review

 [ ]  Full board review

I hereby certify that I will conduct this research by following the ethics requirements and the research protocol approved by the Chiang Mai University Research Ethics Committee

Signature......................................................................Research Project Leader

 (Click or tap here to enter text.)

 Date Click or tap to enter a date.