

Research Review Form

Purpose: To assess on protocol prior to approval by institution and/ Malaysian Research Ethics Committee (MREC).
This document is for those who intend to conduct research in Hospital Tengku Ampuan Kuantan (HTAA).

A. RESEARCH INFORMATION	
NAME	
DEPARTMENT / INSTITUTION	
RESEARCH TITLE	
STUDY PERIOD (START DATE & END DATE)	
STUDY SITE <small>(DEPARTMENT/UNIT)</small>	
Draft (please tick):	First Draft () 2 nd Draft ()

B. TECHNICAL CONTENT REVIEW CHECKLIST BY HCRC STAFF	
Protocol	
Methods	
Ethical	
Others	-Financial / Conflict of interest
Review by:	
Date review:	

C. REVIEW BY HEAD OF DEPARTMENT:	
NAME:	
SIGNATURE & STAMP:	<p>PLEASE TICK (✓) THE FOLLOWING BOX:</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> REVIEWED AND SUPPORT THE STUDY (<i>KAJIAN DISEMAK DAN DISOKONG</i>) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> SUPPORT WITH AMENDMENT OF THE STUDY (<i>KAJIAN DISOKONG DENGAN PINDAAN</i>) </div> <p>COMMENT: _____</p>
DATE:	<div style="margin-bottom: 10px;"> <input type="checkbox"/> NOT FEASIBLE TO CONDUCT THE STUDY (<i>KAJIAN TIDAK DAPAT DILAKSANAKAN</i>) </div> <p>COMMENT: _____</p>