

**CLARKE INTERNATIONAL UNIVERSITY-RESEARCH ETHICS COMMITTEE
SUBMISSION FACE SHEET**

1. Protocol title:			
2. Protocol number:			
3. Principal Investigator's Contact Information:			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
4. Contact person			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
5. Co-Principal investigator (1)			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
6. Co-Principal investigator (2)			
Title:		Telephone:	
Address:		Fax:	
Country		Email:	
7. If more than two Co-Principal investigators, please specify the number and attach their CV when submitting your protocol.			
8. Jurisdiction:		(Tick appropriately)	
Is there any other IRB/REC that has jurisdiction over your site for this study?/ Or results of any IRB review if negative and reasons for rejection		Yes	No
If yes, you are required to obtain written permission from that IRB/REC for IRB Services to act as board of record? (If required to obtain permission, please attach written		Yes	N

#Make a Difference



	documentation that permission is granted)		
9. Number of sate lite sites (tick appropriately) or FDA form 1572, if applicable.			
0		6-10	
1-5		>10	

Signature of Principal Investigator/Designee

Date:

#Make a Difference



Kawagga Close, off Kalungi Road, Muyenga
 Block 244 | Plot 8244 Bukasa Kyadondo
 P.O.Box 7782 Kampala-Uganda