# ANNEX 2

**AF/02-012/01** **Study Assessment Form for Case Study and Case Series**

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| Protocol Number: |
| Title : |
| Version No... |
| Principal Investigator(s): | Professional Registration No, if applicable: |
| Institute: | Contact No. |
| Co – investigator(s): |
| Total No. of Cases: |
| Funding Agency: |
| Reviewer’s name : |
|  Review Status: ⬜ Full board ⬜ Expedited ⬜ Emergency |
| Description of the Case Study in brief:  |
| **Mark and comment on whatever items applicable to the study.** |
| Qualifications of Investigators and study sites |
| 1 | Are Qualification and experience of the Participating Investigators appropriate?⬜ Yes ⬜ No⬜ CV not attached |  |
| 2 | Disclosure or Declaration of Potential Conflict of Interests⬜ Yes ⬜ No(**Note:** Refer serial number 11 and 12 of the “AF/05-008/05 APPLICATION FORM for Initial Review of CASE STUDY / CASE SERIES”) |  |
| Privacy, Confidentiality and Consent |
| 3 | Privacy & Confidentiality: Is the identifiers removed from study-related information or report? ⬜ Yes ⬜ No |  |
| 4 | Is there a written permission to use the patient information for research from the patient or their parent(s)/legal guardian?⬜ Yes ⬜ No |  |

**Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**