

Ethical Considerations Approval

Title of manuscript (MS):

Author/s name:

Name of Organization:

Name of project and version of work part of project:

The author (s) is/are responsible for the content and the content in no way represents the

views of the publisher.

 ${\rm I}\,/\,{\rm We}$ declare that the above research got the approval from the Medical Research Ethics

Committee of -----According to the code number ().

The author/s are responsible for the following considerations:

1. All the needed information for patients or their parents should be presented by using local and simplified terms for disease in their common language and inviting them to be part of this research.

2. The patients have enough time to decide whether or not they will participate in the research.

Any patient can talk to anyone he/she feels comfortable with about the research, ask the researcher physician, or medical staff any question about the research work sample, the way to gain the sample, and the purpose of using the sample in the present time or future.
I/We confirm as author/s that our signing of this form is to guarantee that the submitted manuscript is in accordance with the Ethical approval.

Applicant's details:

Signature:

Full Name:

Degree & Academic Title:

Workplace Address:

Date:

E-mail:

Mobile No. :

Stamp of Authorized institution