Annexure 4

AX 04/SOP 20/V 7.1

Checklist-Research Involving Students, Employees or Residents

Principal Investigator (Name, Designation & Affiliation): ……

IEC No. of the Project: ……

Study Title: ……

……

Participants who are students, employees or residents require special considerations.

Does the employer or supervisor of the research participant need to be aware of the research project?	☐ Yes	☐ No
Is there a letter of support from the employee\administrator?	☐ Yes	☐ No
Have the participants been assured that their status (education, employment, and/or promotion) will not be affected by any decision to participate or not?	☐ Yes	☐ No
Have the risks to participants been minimized?	☐ Yes	☐ No
Have participants been assured that participation is voluntary (no signs of coercion)?	☐ Yes	☐ No
Have participants been assured that confidentiality will be protected or maintained?	☐ Yes	☐ No

Signature of Principal Investigator: …… **Date:** ……

IEC Office use only	
Comments	
Primary Reviewer Signature & Date:	