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| University of ZagrebSchool of Dental MedicineGundulićeva 5CR-10000 Zagreb |



 **EO-P FORM**

**APPLICATION FOR THE ETHICAL ASSESSMENT OF**

 **THE RESEARCH**

### Researcher

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| --- | --- |
| **Name:** |  |
| **Family name:** |  |
| **Clinic/department:** |  |
| **Address for correspondence:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

### Supervisor

|  |  |
| --- | --- |
| **Name:** |  |
| **Family name:** |  |
| **Clinic/department:** |  |
| **Address for correspondence:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

### Co-supervisor

|  |  |
| --- | --- |
| **YES** | **NO** |

\* If there is a co-supervisor (are co-supervisors), write the data on a special sheet of paper.

### Title of the research:

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### Level of the research:

* Doctoral degree
* University specialist thesis
* (Under)graduate study
* Post-doctorate
* Something else \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is the research a part of the larger project approved by Ministry of Science, Education and Sport?

* YES State the name of the project, main researcher and year of approval. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO

### Expected duration of the research:

Expected beginning (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected end (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Financing of the project:

Ministry of Science, Education and Sport YES NO

Sponsor YES NO

If there is (are) sponsor (sponsors) state the full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Scientific/academic assessment of the research

* Faculty committee did not approve the research before it was applied for the ethical assessment.
* Along with ethical assessment, scientific assessment won't be required (except for scientific review in the procedure of the publishing the results).

### Do you have an approval of Ethical committee of any other authorized institution to conduct a research?

* YES - Name of the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO
* Approval is in progress

### Statement of the researcher and supervisor

As a researcher, I guarantee with my signature that all research procedures will be conducted in accordance with:

1. Decision of Ethical committee of the School of Dental Medicine, University of Zagreb,
2. Ethical principles of the dental profession of the World Dental Association,
3. The Declaration of Helsinki of the World Medical Association, Edinburgh (2000),
4. Code of dental ethics and deontology of the Croatian Dental Chamber (1996),
5. Code of medical ethics and deontology of the Croatian Medical Chamber,
6. Convention on human rights and biomedicine, Council of Europe, Oviedo (1997),
7. Ordinance on Good Clinical Practice of the Ministry of Health of the Republic of Croatia (2003),
8. ICH GCP and
9. The ethical code of the research with children.

In case of any change of the previously approved procedures, I will ask for an addition to the Ethical approval (so called protocol amendment).

As a supervisor I guarantee with my signature that I have read and approved this Form and that I will support and guide the applicant in her/his work.

Signature of the researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Signature of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_