**Summary Sheet**

Please complete the item numbers from **3 to 14 except** for numbers **7 & 10.**

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| --- | --- | --- |
| 1 | Registration No. |  |
| 2 | Date Tabled |  |
| 3 | Title of Research |  |
| 4 | Date of Commencement and Duration | Start Date: End Date:Duration:  |
| 5 | Location/s where research will be conducted |  |
| 6 | Will this research be beneficial | Yes/No**Originality of study**:  **Contribution to the existing knowledge of the subject****Outcome:**  |
| 7 | Have the objectives been clearly stated? | Yes/No |
| 8 | Objectives | Main objectives: Specific objectives: |
| 9 | Methodology |  |
| 10 | Has the methodology been designed in accordance with the objectives | Yes/ No  |
| 11 | Drugs used | Yes/ No |
| 12  | Sample selection methods |  |
| 13 | Risks incorporated with research  |  |
| 14 | Any other remarks |  |