**Summary Sheet**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | |  | | |