

---

---

**Centre for Brain Research-Institute Human Ethics Committee Protocol Submission Form**

---

---

**I. Title:**

**II. List of Investigators:** (Name, Designation, Institute, Address, Email)

**III. Date of Submission:**

**IV. Duration:**

**V. Abstract:**

**VI. Purpose:**

**VII. Aims:**

**VIII. Hypothesis:**

**IX. Overview of design and methods:**

**X. Details of Drug and/or Therapy:**

**XI. Subject Selection:**

**XII. Risks:**

**XIII. Benefits:**

**XIV. Risk-Benefit Ratio:**

**XV. Compensation or Costs to Subjects:**

**XVI. Disclosure of Personal and Financial Interest in the Research Study and/or Sponsor:**

**XVII. Obtaining Informed Consent:**

**XVIII. Research Personnel:**

**XIX. Statistical Analysis:**

**XX. Storage and Maintenance of Data/samples:**

**XXI. Maintenance of Confidentiality:**

**XXII. Sources of Funding:**