Appendix I

Review Exemption Application Form

IEKB N	NO.	Date
1.	Title of Project:	
2.	Principal Investigator's Name:	
3.	Designation/Department:	
4.	Names of Co-investigators:	
5.	Brief description of the project:	
6.	State the reasons why exemption from ethics review is requested:	
Principal Investigator's signature:		Date:
Forwarded by the Head of the department:		
Recommendations by the IERB Member Secretary:		
Signatu	are of the Member Secretary:	Date: