**ETHICAL REVIEW REQUEST FORM FOR HUMAN SCIENCES RESEARCH**

The form is used for requesting an ethical review statement from the Ethics Committee for Human Sciences of the University of Turku. The form is not used for medical studies which are reviewed by the Ethics Committee of the Hospital District.

**1. Markings of the Ethics Committee** (to be filled by the secretary of the committee)

|  |  |
| --- | --- |
| Arrived | Registration number |
| Sent to an expert | Expert opinion obtained |
| Meeting day of the committee | |
| Additional markings | |

**2.** **Ethical review requested for**

New study  
Change in a study, request for a new statement (fill in “previous processings”)

Previous processings: date of the statement

**3. Grounds for requesting ethical review**

|  |
| --- |
|  |

**4. Identification code of the study, date of the research plan, and possible version number**

|  |
| --- |
|  |

**5. Title of the study** (also in Finnish or Swedish)

|  |
| --- |
|  |

**6. Commissioning party / Funder or sponsor of the study** (if applicable)

|  |
| --- |
|  |

**7. Contact person of the ethical review request and his/her contact information**

|  |
| --- |
| name, address, telephone, e-mail |

**8. Person responsible for the study and his/her contact information**

|  |
| --- |
| name, position held, qualifications (degree), address, telephone, e-mail |

**9. Summary of the research plan** (max one page)

|  |
| --- |
|  |

**10. Estimated start date and end date of the study**

|  |
| --- |
|  |

**11. Research centres, their units/departments and researchers. Other collaborating units/departments and their researchers. Countries participating in an international joint study.**

|  |
| --- |
|  |

**12. Processing of personal data**

|  |
| --- |
|  |

**13. Research participants**

healthy adults, not members of special groups  sick adults  minors (under 18)

pregnant / breastfeeding women  adults with limited capacity  prisoners

other, please specify:

no humans will participate in the study, research participants are not contacted and information is not collected from the research participants themselves

|  |
| --- |
| The procedure for informing the research participants and recording the voluntary informed consent |

|  |  |  |
| --- | --- | --- |
| Number of research participants in Finland | Number of research participants in the entire study |  |

**14. Information about the budget of the study, e.g. funder, compensations and rewards of the research participants**

|  |
| --- |
|  |

**15. Insurance policies: has any insurances been taken out for the study**

no  yes, please specify

|  |
| --- |
|  |

**16. Date and signature (person responsible for the study)**

**\_\_\_\_\_/ \_\_\_/**20**\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature and name in block letters

**17. Appendices to the application**

All appendices are mandatory

Please circle the appendices you are delivering. Amendment applications should use the list below where applicable.

1. Research plan (in English or Finnish)
2. Assessment of the ethical nature of the research by the person responsible for the research
3. Information sheet intended to be given to research participants (documents also in Finnish or Swedish when necessary)
4. Informed consent form and description of the procedure for selecting the participants and how the consent is obtained (documents also in Finnish and Swedish when necessary)
5. Other data to be given to research participants (e.g. questionnaire, interview outline, journal)
6. Data management plan
7. Data protection statement for scientific research, or justification for why it is not needed
8. Data protection impact assessment (DPIA), or justification for why it is not needed
9. Other possible attachments