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Internal Ethics Committee

Location:

Protocol Number:

**Research Ethics Approval Request**

**SECTION Α - GENERAL INFORMATION**

1. **Title of the Research Study**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**The proposed research will be:**

Research Program □ Master’s Thesis □ Diploma Thesis □ Independent Research □

**2. Researchers**

|  |
| --- |
| Full Name:  |
| Department:  |
| Address:  |
| Tel:  | e-mail:  |

**Supervising Professor:**

|  |  |
| --- | --- |
| Full Name:  | Academic Rank:  |
| Department:  |
| Address:  |
| Tel:  | e-mail:  |

**Other Researchers:**

Are other researchers involved? YES □ NO □

|  |  |
| --- | --- |
| Full Name:  | Position:  |
| Affiliated Institution / Department:  |
| Address:  |
| Tel:  | e-mail:  |

|  |  |
| --- | --- |
| Full Name:  | Position:  |
| Affiliated Institution / Department:  |
| Address:  |
| Tel:  | e-mail:  |

*Add an additional field depending on the number of other researchers involved.*

1. **Research Location:**

*Specify the location(s) where the research will be conducted.*

**4. Duration of the Research**

Start Date: ………….………… End Date: ………………………

**SECTION B – DETAILED DESCRIPTION OF THE PROPOSED RESEARCH**

**5. Abstract of the Proposed Research (Introduction – Objective – Method, approximately 250 words)**

**6. Methodology**

*Detailed Description of Data Collection and Analysis Methods.*

**7. Is there a possibility that the volunteers belong to any of the following groups?**

Children Yes □ No □

Individuals with Learning Disabilities Yes □ No □

Individuals with Dementia Yes □ No □

Unconscious Individuals Yes □ No □

Severely Ill Individuals Yes □ No □

Foreign People Yes □ No □

Another Group with Special Difficulties Yes □ No □

**8. What special measures have been planned for these individuals regarding the consent process?**

**Does the research involve the use of a new product (physiotherapy device or pharmaceutical substance) or the use of an existing product in a new, untested way?**

Yes □ No □

**10. Will the volunteers need to undergo X-ray examinations or be exposed to radioactive material?**

Yes □ No □

**11. Are there any potential risks in the research?**

Yes □ No □

*If Yes, please provide a detailed report on these risks as well as any measures taken to eliminate them.*

**12. Is there a possibility that the research may make the volunteers feel uncomfortable or distressed?**

Yes □ No □

*If Yes, please provide a detailed report and justification.*

**13. Are there any specific ethical issues that you believe are significant or complicate your research?**

Yes □ No □

*If Yes, please provide a detailed report.*

**14. If the research is conducted in a hospital or another involved entity (public or private), has the consent of the responsible authorities been obtained? (Leave blank if not applicable)**

Yes □ No □

*If No, please provide justification.*

**15. Will observation, photography, or videography of the patients be used in your research?**

Yes □ No □

*If Yes, has the anonymity of the patients and the confidentiality of the records been ensured?* Yes □ No □

**SECTION C – CONSENT OFTER INFORMATION**

For research involving human subjects, please attach the following forms: a) Participant Information Sheet and b) Informed Consent Form, along with this document.

**SECTION D – PERSONAL DATA PROTECTION**

**Personal Data Protection Responsibility Statement**

The scientific responsible person, by signing this form (Section E), confirms that they understand the applicable legislation and the relevant articles of the Code of Ethics and Research Conduct of the University of Thessaly regarding the protection of personal data in research.

**SECTION E - SIGNATURE**

As the scientific person responsible for the proposed study, I certify that all procedures related to its conduct will be in accordance with the regulations of the Department at the University of Thessaly, the Code of Ethics and Research Conduct of the Department at the University of Thessaly, as well as the applicable national and international legislation regarding research.

 Signature of the Principal Investigator: Date: