



**Institutional Review Board**  
Postgraduate Medical Institute, Lahore, Ameer -ud-din Medical College,  
Lahore, Lahore General Hospital, Lahore  
Phone (042) \_\_\_\_\_ Ext. \_\_\_\_\_



Ref No. \_\_\_\_\_

Date \_\_\_\_\_

## IRB APPROVAL

<b>IRB-Number</b>	
<b>Project:</b>	
<b>Investigator (s):</b>	
<b>Date considered</b>	
<b>Amendments submitted</b>	
<b>Date approval</b>	

This ethical approval is for one year. Any change in the protocol or further extension in period of study should be notified to the committee for prior approval.

Chairperson IRB Committee: \_\_\_\_\_

Date: \_\_\_\_\_

This ethical approval is issued subject to the following conditions:

1. A signed personal declaration of responsibility.
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted.
3. It remains the Principal Investigator's responsibility to ensure that all the necessary forms and informed consent are retained for future reference.

Please quote the IRB Approval number in all inquiries.