**MAHIDOL UNIVERSITY
*Since 1888***

Address of the institute………………………………….

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**Document no.** …………………………………….

**Date** …………………………………….

**Subject** Request for research project consideration at the Institutional Review Board, Faculty of Nursing, Mahidol University

**Dear** Chair of Institutional Review Board of the Faculty of Nursing, Mahidol University

 Mr./Mrs./Miss ………………………………………………………., a graduate student,………………., Faculty of Nursing, Mahidol University, as a principal investigator of the thesis entitled “……….” under supervision of ….……………………………, major advisor has requested to submit a research protocol for considerations at the Institutional Review Board, Faculty of Nursing, Mahidol University. I have attached the documents listed below for your considerations

 1) Protocol submission form; 1 original copy, 3 copies with CD files

 2) Research proposal; 4 copies with CD files

3) Participant information sheet; 13 copies with CD files

4) Informed consent form; 13 copies with CD files

5) Curriculum vitae of principal investigator; 4 copies

6) Letter of commitment to conduct the research project after IRB approval; 1 original

 copy, 3 copies

7) Instruments; 4 copies with CD files

8) Letter of permission for data collection from all research settings; 4 copies

9) Payment slips for protocol submission or Letter to request payment waiver

 (original letter)

10) Letter of permission to use patient’s information from patient medical records, patient

 profiles; 4 copies

11) Other documents or medias used to promote research projects (if any); 4 copies

12) In case of submission the research protocol for approval from the Institutional

 Review Board of the research settings, submission of the COA, informed consent

 form, and participant information sheet from IRB of all settings are required

13) Document stated the result of thesis proposal defense from Graduate School

 (GR 33); 4 copies

 14) Curriculum Vitae of thesis advisor; 4 copies

I hereby submit the entire document for your considerations

Signature.........................................................

 (............................................................)

 Director of the program