CNERSH- MINSANTE

Title of Project		
Principal Investigator (PI)	Names	Signatures
Other Investigators & Qualification (signature)		
If student specific –		Signature :
Name of Main Supervisor(s)		
Date of submission to committee		
Signature of Secretary of Committee		

Description				Protocol page #
Detailed Description of Protocol [Abstract (300W max) with 5-8 keywords				
State the intended social value of the project. Mention when and where if similar projects have been conducted in the past (100w)				
Start Date		End Date	Duration	
Study Sites				
Study Design (Max 100w)				
Methods of participant recrutement per objective (Max 300w)				
4a. Sample Size Calculation				
4b. Inclusion Criteria (including justification on gender, ethinic groups, age etc)				

4c. Non-Inclusion Criteria				
4d. Exclusion Criteria				
Cameroon's Legal Status of Participant			Assent / Consent Form	
< 21years	Y/N			
>21Years	Y/N			
Mental/Prisoner/Incapacitated	Y/N			
Description of experimental procedures per objective (max 300w)				
Description of Interview procedures per objective if applicable				
Any harzards participants may be exposed to and possibly measures to overcome these.				
Is the study a field study out of Health /Research facility	Y/N			
Overall risk assessment of project				
How would you maintain confidentiality				
How would consent and/or assent be obtained				
Describe plans to train staff who take consent or are involved in the research				
Is an interpreter in the local language envisaged – state local language				

Name of PI & ≤5 other Investigators (staff)	Highest Qualification & Experience	Contribution to Project	CV ?

What are the project-related compensation/assistance to particicpants, including time loss, loss of income, travel expensives and time			
What are the post-project service equivalent/community benefits			
Is there a community consultative committee – Y/N = if NA say why			
Plans for Public and Community Engagement			
Plans to disseminate knowledge			
For Improvement of clinical management, medical devices, drugs or vaccines state plans to expand success.			
Does the project involve the repurposing of existent intervention or pre-market research for a product or medical device			
Product information provided – Y/N			
Undertaking with company for aspects of compensation of unintentional and non-negligent harzards			
Does this study involve human tissues samples with genetic material - Describe			
Is a DSA attached			
Is an MTA attached			
Is there a Nagoya Permit envisaged			
State procedures to biobank samples in Cameroon or return samples to CMR			

Is this a Clinical trial and state compliance level with GCLP	
In what registry or regulatory aproval body is the trial registered	
What other approvals are need and obtained for this Clinical Study	
Any other relevant information	
Chronogram is provided (see trimester planning) - Y/N	
Budget summary is provided (see form) – Y/N	
Sponsor details and MoU/contract - Y/N	

If the questions does not apply in your project please state – N/A - Not Applicable & Explain