**TO THE LOCAL ETHICS COMMITTEE PRESIDENCY**

I hereby request that the research project titled “…………………………………………” be evaluated by your board.

…/.../ 202

Research Executive

NAME.

 Signature

**Attachments:**

1. Commitment regarding Good Clinical Practices
2. Declaration of commitment stating that there is no conflict of interest
3. Financial Commitment
4. Local Ethics Committee Application Form
5. Informed Volunteer Consent Form (If Necessary)

**GOOD CLINICAL PRACTICES COMMITMENT**

**TO THE LOCAL ETHICS COMMITTEE PRESIDENCY**

 We will comply with the World Medical Association (WMA) Declaration of HELSINKI (and/or the World Psychiatric Association HAWAII Declaration of Good Clinical Practice) during the course of this trial, by notifying your Commission in writing immediately in the event of an unexpected adverse effect or event, when a change in the study protocol is required during the trial, or when the trial is discontinued. We undertake to notify you.

…/.../ 202

Research Executive

NAME.

 Signature

**Assistant Researchers**

**Name and surname : Signature:**

one-

2-

3-

4-

5-

**COMMITMENT THAT THERE IS NO CONFLICT OF INTEREST**

**TO THE LOCAL ETHICS COMMITTEE PRESIDENCY**

 I declare that I have no connections with the organizations that provided funding during the planning, implementation, evaluation and publication of this research, and the place and people where I will conduct the research, that could harm the scientific or ethical aspects of the research for commercial, political or personal reasons.

…/.../ 202

Research Executive

NAME.

 Signature

**Assistant Researchers**

**Name and surname : Signature:**

one-

2-

3-

4-

5-

**FINANCIAL COMMITMENT**

**TO THE LOCAL ETHICS COMMITTEE PRESIDENCY**

 **“** ……………………………………………. In the study titled **" ,** we undertake that non-routine tests and all similar expenses **will not be used as a financial source for social security institutions and revolving funds.**

…/.../ 202

Research Executive

NAME.

 Signature

**Assistant Researchers**

**Name and surname : Signature:**

one-

2-

3-

4-

5-