

**Medical and Health Research and Ethics Committee**  
 Executive Screening Suite, Baseline Level One, RIPAS Hospital,  
 Bandar Seri Begawan BA 1710, Brunei Darussalam  
 Email: mhrec@moh.gov.bn

**Checklist for Submission of Research Protocols**

| No. |   | Yes | No |
|-----|---|-----|----|
| 1   | <b>1 soft copy</b> of the required documents for research proposal submitted. Please note that <b>1 hard copy</b> of the required documents can be submitted to MHREC Office (8am-3pm working days) at your convenient time.  |     |    |
| 2   | Covering letter addressed to the Chairperson (at the above address).  |     |    |
| 3   | Full research protocols including: <ul style="list-style-type: none"> <li>● Introduction</li> <li>● Methodology</li> <li>● Materials</li> <li>● Questionnaires:               <ul style="list-style-type: none"> <li>○ If not self – designed, letter of permission to use questionnaire</li> <li>○ If self – designed, to declare in the proposal</li> </ul> </li> <li>● Data collection form / data entry proforma</li> <li>● Declaration of funding</li> <li>● Data ownership</li> </ul> |     |    |
| 4   | Written Consent Forms - in English and Malay (if applicable)  |     |    |
| 5   | Participant Information Sheet (PIS)- in English and Malay (if applicable)   |     |    |
| 6   | <b><u>Signed and dated</u></b> curriculum vitae (CV) from all investigators/ team members (using CV template provided by MHREC) and list down roles of each team member.<br>(If applicable, please submit the CV of supervisor(s)).   |     |    |
| 7   | Permission letter(s) from relevant authorities.<br>If applicable, e.g. MS, CEO, Head of relevant departments.   |     |    |
| 8   | Ethics approval from other Institutional Research Boards, if applicable.  |     |    |
| 9   | Complaints: For clinical studies involving human subjects, the email address of MHREC should be included in the participant/ patient information sheet (PIS) for the perusal of subjects to submit complaints pertaining to participation or conduct of the clinical study.   |     |    |
| 10  | To submit and email <b><u>COMPLETE SET</u></b> of the above documents to MHREC office and MHREC email <b><u>before the submission deadline.</u></b>   |     |    |

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|--------------------|--|------------|--|
| Title of Research: |  |            |  |
| Applicant's Name:  |  | Signature: |  |

OFFICE USE:

|   |          |              |  |
|---|----------|--------------|--|
| Submission date:                            |          | Received by: |  |
| Full Submission:                            | YES / NO |              |  |
| If, NO, comments for incomplete submission: |          |              |  |
|   |          |              |  |