Gleneagles Hospital
HONG KONG
港怡醫院

Ethical Approval Checklist

The checklist should be completed by Principal Investigator. The Checklist lists the key points of good practice in research for a research project, and can assist Principal Investigator in fulfilling the requirements of the HKU-GHK IRB and ensure that important issues have not been overlooked.

Research Study Title:	

NA – Not Applicable

Research Design/Methodology	**Yes**	**No**	**NA**
Have all conflicts of interest related to the study been identified, declared and addressed?	☐	☐	☐
Is the study to be conducted by experienced and skillful research team?	☐	☐	☐
Does the study involve medical research with humans, clinical trials or use of human tissue / DNA samples or body fluid?	☐	☐	☐
Does the study involve the handling of any sensitive information?	☐	☐	☐
Will the research involve the participants being deceived?	☐	☐	☐
Risk and Precautions	**Yes**	**No**	**NA**
Could the study induce any psychological stress or discomforts?	☐	☐	☐
Does the study involve any physically invasive or potentially harmful procedures?	☐	☐	☐
Does the study adversely affect participants in any other way?	☐	☐	☐
Does the study involve participants who are in any way vulnerable or may have difficulty in giving consent?	☐	☐	☐
Are there any special precautions to protect the interest of vulnerable participants?	☐	☐	☐
Are there any compensation and treatment available to participants on trial-related injury?	☐	☐	☐
Are the risks to participants minimized and reasonable in relation to anticipated benefits, with adequate monitoring mechanism to detect adverse events or risk?	☐	☐	☐
Confidentiality & Data Protection	**Yes**	**No**	**NA**
Will the study involve invasion of privacy or access to confidential information about participants without their permission?	☐	☐	☐
Are there any measures taken to protect privacy or participants and data confidentiality?	☐	☐	☐
Will the data be handled and stored during and after completion of the study?	☐	☐	☐
Consent	**Yes**	**No**	**NA**
Will participants be fully informed of the objectives of the study and all details disclosed?	☐	☐	☐
Will it be necessary for participants to take part in the study without their knowledge and consent at the time?	☐	☐	☐
Are the potential benefits, possible risks, discomforts or potential hazards stated and informed to participants?	☐	☐	☐
Does the activity raise issues involving the potential imbalance of power and authority which might compromise the validity of participants' consent?	☐	☐	☐
Do participants have a right to withdraw from the study at the time without any penalty or any consequences of any kind?	☐	☐	☐

NA – Not Applicable

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Research Design/Methodology	Yes	No	NA
Will the independence of the research be affected by the source of the funding?	☐	☐	☐
Are there payments to researchers/participants that may have an impact on the objectivity of the research?	☐	☐	☐
Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	☐	☐	☐

Signature of Principal Investigator		
Name of Principal Investigator		
Date		(DD-MM-YYYY)