**RESEARCH ETHICS COMMITTEE**

(**Natural and Earth Science Application Form)**

**APPLICATION FORM** (Natural Sciences)

**Research must NOT begin until approval has been received from the REC**

**Research DETAILS:**

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| **Researcher Details:** |
| Name: |  |
| Affiliation: |  |
| department |  |
| E-mail: |  |
| Mobile no. |  |

|  |  |
| --- | --- |
| **Name of principal supervisor or principal investigator (PI):** |  |
| Affiliation of principal supervisor **or** PI: |  |
| **Supervisors (authors) Names** |  |  |
|  | 1.
 |
| **Type of Project:**  MSc. Thesis. PhD. Thesis. Research**In case of the research:** Is this research derived from a scientific thesis?  **Yes No**  Is this thesis approved previously from the research ethics committee?  **Yes No**What is the status of this research? Not published Under publication process Published |
| **Thesis/ Research title (in English):** |
| **Thesis/ Research title (in Arabic):** |
| **Aim and Objective of the Project (***briefly state the aim and objectives of this proposed research)* |

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| --- | --- | --- |
| **Please select the type(s) of Risk involved in research**  |  | Hazardous Chemicals |
|  | Hazardous Equipment or Devices |
|  | Valuable National Samples |
|  | Fieldwork |
|  | Radioactive Materials |
|  | Industry-related Samples |
|  | Country’s Natural Resources |
|  | Programs and Data Collection |

**Research Risks**

1. **Hazardous Chemicals**

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| **Are hazardous chemicals used / produced in the project?** e.g., Toxic by inhalation, irritant, corrosive, flammable, explosive, … etc. |
|  Yes |  No IF (**NO**), skip this section |

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| **IF YES please list the hazardous chemicals used in the project** (Identify, as far as possible, all potential risks (small and large) to Human, Environment, ASU and other Institution properties) |
| **NO.** | **Name** | **Risk** | **How to deal with it** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
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| 5 |  |  |  |

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| **Are you familiar with the safety rules used in the research Laboratories?** |
|  Yes |  No  |

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| **(How will the waste of the experiment be disposed of?** Describein the space below |
|  |
| 1. **Radioactive Materials**
 |
| **Will radioactive materials be utilized in the project?**  Radioactive material such as radioactive isotopes, natural radioactive mineral/rock samples, …etc. |
|   | Yes |  | No (IF **NO**, skip this section) |
| IF (**YES**) please specify: |
| The nature of the radioactive material |
| The purpose of using it |
| An estimate of amount of the radioactive material |
| The Laboratory  |
| Is this laboratory licensed to work with these materials? |
|  | Yes (IF **YES** please attach the authorized permission) |  | No |
| The name of the Radiation Safety Officer (RSO) in charge |
| The method of safe disposal of the radioactive wastes |
| 1. **Hazardous Equipment or Devices**
 |
| **Are hazardous equipment or devices used in the research project?** The most common equipment-related hazards in laboratories come from devices powered by electricity devices for work with compressed gases, and devices for high or low pressures and temperatures. Other physical hazards include electromagnetic radiation from UV, lasers and radiofrequency generating devices. |
|  | Yes |  | No |
| IF (**YES**) only list the significant hazards and the precautions used. |
| Will any source for producing ionizing radiation be used in the project? |
|  | Yes |  | No |
| IF (**YES**) please specify |
| The source and mode of exposure |
| The Laboratory |
| The safety and precautions used |
| 1. **Industry-related Samples**
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| **Does your research use industry-related samples?**Some research is used to deal with pollution resulting from factories, such as air pollution and water pollution, or factory products such as shampoos, creams, and detergents … etc. |
|  | Yes |  | No |
| IF (**YES**) please specify: |
| Does your research require permission from a third party, such as governments, Institutions, property owner(s)? |
|  | Yes |  | No  |
| IF (**YES**), please state from whom permission is requires: |
| **Have you received permission to proceed?** |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain the nature of the permission received. If (**NO**), please provide an explanation. |

1. **Valuable National Samples**

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| **Does your research use valuable national samples?**The valuable national samples such as, for example, rocks from archaeological areas, antique monument, rare plants, …etc. |
|  | Yes |  | No  |
| IF (**YES**) please specify: |
| **Have you received an authorized permission to proceed?** |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain the nature of the permission received. If (**NO**), please provide an explanation. |

1. **Country’s Natural Resources**

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| **Does your research use sample from the country's natural resources?** The country's natural resources such as, for example, the Nile River water samples, groundwater samples, hydrocarbon (oil/gas) samples, ore deposits, soil samples, … etc. |
|  | Yes |  | No  |
| IF (**YES**) please specify: |
| **Have you received an authorized permission to proceed?** |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain the nature of the permission received. If (**NO**), please provide an explanation. |

1. **Fieldwork**

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| --- |
| **Will your research involve fieldwork?** |
|  | Yes |  | No  |
| IF (**YES**) please specify where? |
| **Have you received the required permission for fieldwork and data acquisition?** |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain the nature of the permission received. If (**NO**), please provide an explanation (or write not applicable). |
| **Is your fieldwork funded?** |
| Please clearly state your funding sources: This includes, but not limited to, paying fieldwork costs, providing funds for fieldwork equipment, and funding for sample analyses. (or write not applicable) |

1. **Programs and Data Collection**

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| Are the programs used in the research related to information security? |
|  | Yes |  | No  |
| IF (**YES**) please specify |
| Will you use programs to test the security systems of some institutions? |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain. |
| Do you expect the research outcomes/results to be harmful to steal entities’ confidential data or individuals’ personal data? |
|  | Yes |  | No  |
| IF (**YES**) please explain |
| Does the (statistical) data collected in the research include confidential data for entities or personal data for individuals? |
|  | Yes |  | No  |
| IF (**YES**) please explain |
| Does your research use scientific data sets from the country's governmental or private authorities/institutions/companies? |
|  | Yes |  | No IF (**NO**), skip next step |
| Have you received an authorized permission to proceed? |
|  | Yes |  | No  |
| IF (**YES**) please attach a copy of the permission or explain. |