**PROF. DR. HAMIDON BIN BASRI**

Pengarah

Hospital Sultan Abdul Aziz Shah

Melalui Ketua Jabatan/Unit: ...................................................

*(Perlu di cop dan di tandatangan)*

 YBhg. Prof,

**PERMOHONAN KEBENARAN MENJALANKAN AKTIVITI PENYELIDIKAN DI HOSPITAL SULTAN ABDUL AZIZ SHAH (HSAAS)**

Dengan hormatnya saya merujuk kepada perkara tersebut di atas.

2. Untuk makluman YBhg. Prof., tajuk penyelidikan yang akan dijalankan adalah ...................................................................................................................................................

3. Tujuan penyelidikan ini adalah ……………………………………………………………...............

.............................................................................................................................................................. Fasiliti / Jabatan di HSAAS yang terlibat dalam penyelidikan ini adalah ……………………………………….…………………………………………………………………

4. Bersama-sama ini disertakan: ( ) Surat kebenaran Jawatankuasa Etika UPM

 ( ) Kertas Cadangan

 ( ) Dokumen yang lain: .....................................................

Adalah diharapkan agar permohonan ini mendapat pertimbangan yang sewajarnya daripada YBhg. Prof.

Sekian, terima kasih.

Saya yang menjalankan amanah,

**………………………………............**

**Nama Pemohon: ..........................................................................................................................**

**Jawatan: ..................................................... Jabatan/PTj: .........................................................**

**Nomber Telefon: ................................................ Emel: ............................................................**

**Lampiran 1**

**SURAT KEBENARAN JAWATANKUASA ETIKA UPM**

**Lampiran 2**

**PROTOKOL**

**Ringkasan Projek Penyelidikan**

Tajuk Penyelidikan:

Nama dan Jabatan Ketua Penyelidik:

Nombor Pendaftaran NMRR (Jika ada):

Rujukan Kelulusan MREC (Jika ada):

Rujukan Kelulusan JKEUPM:

Tarikh Mula Penyelidikan:

Tarikh Tamat Penyelidikan:

Geran (Jika ada):

Objektif Penyelidikan:

**Lampiran 3**

**MAKLUMBALAS PERMOHONAN KEBENARAN PENGGUNAAN HOSPITAL SULTAN ABDUL AZIZ SHAH (HSAAS) UNTUK MENJALANKAN PENYELIDIKAN**

Tajuk Penyelidikan:

Nama dan Jabatan Ketua Penyelidik:

Pihak HPUPM dengan ini membuat keputusan seperti berikut:

 Membenarkan projek penyelidikan dijalankan

 Tidak membenarkan projek penyelidikan dijalankan

***“Providing Extraordinary Care”***

**“BERILMU BERBAKTI”**

Saya yang menjalankan amanah,

...............................................................................

**PROF. DR. HAMIDON BIN BASRI**

Pengarah

Hospital Sultan Abdul Aziz Shah

s.k. Ketua,

 Unit Penyelidikan Klinikal, HSAAS

**PROF. DR. HAMIDON BIN BASRI**

Director

Hospital Sultan Abdul Aziz Shah

Through Head of Department/Unit: ....................................................

*(Stamp and sign)*

 YBhg. Prof,

**APPLICATION TO CONDUCT A RESEARCH PROJECT IN HOSPITAL SULTAN ABDUL AZIZ SHAH (HSAAS)**

With all respect the above matter is referred.

2. For your information, the title of the project is ..........................................................................

.............................................................................................................................................................

3. The purpose of conducting this project is to ..........................................................................

.............................................................................................................................................................. Facilities / Departments in HSAAS that will be involved in this project are .........................................

..............................................................................................................................................................

4. Enclosed: ( ) JKEUPM Letter of Approval

 ( ) Research Proposal

 ( ) Other related documents: .......................................................................

It is hoped that this application receives approval from the hospital management.

Thank you.

Your faithfully,

**………………………………............**

**Name: .........................................................................................................................................**

**Designation: ................................................ Department /Unit: ...............................................**

**Telephone Number: ................................................ Email: .......................................................**

**Attachment 1**

**UPM ETHICS COMMITTEE LETTER OF APPROVAL**

**Attachment 2**

**PROTOCCOL**

**Summary of Research Project**

Research Title:

Principal Investigator Name & Department:

NMRR Registration Number (If any):

MREC Approval Reference Number (If any):

JKEUPM Approval Reference Number:

Research Start Date:

Research End Date:

Grant (If any):

Research Objective(s):

**Attachment 3**

**FEEDBACK ON APPLICATION TO USE HOSPITAL SULTAN ABDUL AZIZ SHAH (HSAAS) TO CONDUCT RESEARCH**

Research Title:

Principal Investigator Name & Department:

The HSAAS management hereby makes the following decision:

 Allow research project to be carried out

 Does not allow research project to be carried out

**“WITH KNOWLEDGE WE SERVE”**

I who carry out the trust,

...............................................................................

**PROF. DR. HAMIDON BIN BASRI**

Director

Hospital Sultan Abdul Aziz Shah

cc: Head,

 Clinical Research Unit, HSAAS