**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