



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Code Document: HSAAS/CRU/BR71**

APPLICATION TO CONDUCT A RESEARCH

Director
Hospital Sultan Abdul Aziz Shah UPM

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.


Yours faithfully,

.....

Name:


Designation: **Department /Unit:**

Telephone Number: **Email:**

 <p>UPM UNIVERSITI PUTRA MALAYSIA BERILMU BERBAKTI</p>	<p>HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Code Document: HSAAS/CRU/BR71</p>
	<p>APPLICATION TO CONDUCT A RESEARCH</p>

Attachment 1

UPM ETHICS COMMITTEE LETTER OF APPROVAL

 UNIVERSITI PUTRA MALAYSIA BERILMU BERBAKTI	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Code Document: HSAAS/CRU/BR71
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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:


Name of Grant & the Amount (If any):

Research Objective(s):



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Attachment 3

**FEEDBACK ON THE 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,

.....
Director
Hospital Sultan Abdul Aziz Shah UPM

cc: Head,
Clinical Research Unit, HSAAS