	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Code Document: HSAAS/CRU/BR71**
	APPLICATION TO CONDUCT A RESEARCH IN HSAAS

Chief Operating Officer
Hospital Sultan Abdul Aziz Shah UPM

Through Head of Department/Unit: .....
(Stamp and sign by the Head of Department/ Unit of the applicant)
Tarikh:

Dr.,

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

With all due 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,

…….....
(Applicant signature)

Applicant Name: .....

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

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

APPLICATION TO CONDUCT A RESEARCH IN HSAAS

Attachment 1

RESEARCH PROJECT SUMMARY

*Please attach 1 copy of the latest protocol and a copy of the relevant ethics approval

Research Title:	
Research Objective(s):	
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):	

Attachment 2

PERMISSION OF THE HEAD OF DEPARTMENT FOR FACILITIES USED

DEPARTMENT:	
I agree and authorise the officer named above to conduct the research project as stated in this department. I will also be responsible for monitoring the research to be conducted by the researcher under the supervision of my department.	
Name of the Head of Department	
Signature, Official Stamp and Date:	

DEPARTMENT:	
I agree and authorise the officer named above to conduct the research project as stated in this department. I will also be responsible for monitoring the research to be conducted by the researcher under the supervision of my department.	
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Signature, Official Stamp and Date:	

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Name of the Head of Department	
Signature, Official Stamp and Date:	

*Please use additional attachments if necessary.

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,

.....
(Signature and Official Stamp)

Chief Operating Officer
Hospital Sultan Abdul Aziz Shah UPM
Date:

cc: Head,
Putra-iCRU (Putra Integrated Clinical Research Unit, HSAAS)