**Appendix I**

**Review Exemption Application Form**

IERB No. Date

1. Title of Project:
2. Principal Investigator’s Name:
3. Designation/Department:
4. Names of Co-investigators:
5. Brief description of the project:
6. State the reasons why exemption from ethics review is requested:

Principal Investigator’s signature: Date:

Forwarded by the Head of the department:

Recommendations by the IERB Member Secretary:

Signature of the Member Secretary: Date: