**The Aga Khan University**

**Office of Research and Graduate Studies**

**Request Form to initiate/reinstate/continue research during COVID-19 Pandemic**

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| 1. Name of PI:
 |  | 1. Designation:
 |  |
| 1. Department:
 |  | 1. Entity:
 |  |
| 1. Email:
 |  | 1. Contact #
 |  |

1. Project Title:

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1. Purpose of research/field work:

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1. Activities involved in research/field work:

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1. Does your study involve collection of biological samples (respiratory/urine/feces /environmental)? If yes, have you taken a fresh approval from Institutional Biosafety Committee (IBC) for risk assessment of such samples during COVID-19 pandemic?

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1. Location of field work (if applicable and please specify if it includes over-night stay)

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| --- | --- | --- | --- | --- |
| Place(s) of Visit | Duration (hours) | Frequency per week | No. of persons | No. of Vehicle |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Duration of research/field work:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | End Date: |  |

1. Why is it necessary to continue research/field work during COVID-19 pandemic? Explain briefly about time sensitivity or critical nature of the field research (200 words max)

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1. What steps will be taken to mitigate risk of COVID-19 exposure? Describe your ability to comply with physical distancing and hygiene protocols as required by Public Health in the area where you are working during all aspects of the field research activities (200 words max)

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1. Have you obtained necessary approvals (for off-campus research)? (please attach copies)

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| --- | --- | --- |
| Approvals | Yes/No/NA | If No, state reason |
| 1. District commissioner / Union Council
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| 1. Public/Private Hospital/Clinic administration (if applicable)
 |  |  |

1. Have you taken following AKU departments on board? (please attach copies)

|  |  |  |
| --- | --- | --- |
| Approvals | Yes/No/NA | If No, state reason |
| 1. Safety and Security (for off-campus)
 |  |  |
| 1. Transport
 |  |  |
| 1. CTU (for clinical trials)
 |  |  |
| 1. ECACU (if applicable)
 |  |  |
| 1. Juma Lab (if applicable)
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1. What measures are planned to deal with COVID related emergencies?

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Note: The signature of Principal Investigator verifies;

* thorough review of COVID-19: Standard Operating Procedures (SOPs) for continuation of research (attached)
* thorough review and validity of above content.
* obtained consent from department chair to initiate/reinstate/continue his/her research work.
* compliance with entity specific Employee Safety Checklist
* written undertaking from all AKU employees involved in field activities has been obtained as specified in the SOPs

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| PI Signature: |  | Date: |  |

1. Entity Head/Associate Dean/Entity Research Lead recommendation:

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| Name and Sign: |  | Date: |  |