**Request for the opinion of the Ethics Committee for Biomedical Research   
at the FEECS VSB-TUO** **on the intention to carry out biomedical research**

The Ethics Committee for Biomedical Research at the Faculty of Electrical Engineering and Computer Science of the VSB – Technical University of Ostrava (hereinafter also referred to as the FEECS Ethics Committee) supervises the maintenance of ethical principles when dealing with projects or qualifying theses carried out at the Faculty of Electrical Engineering and Computer Science of the VSB – Technical University of Ostrava (hereinafter also referred to as the "FEECS") involving measurements on human participants (hereinafter also referred to as "research subjects"). The FEECS Ethics Committee assesses whether the dignity, freedom, health, life and safety of all research subjects are always and unconditionally respected.

Before submitting or conducting a biomedical research project or conducting a qualifying thesis involving measurements on human participants, FEECS staff and students are required to complete this form for the safety and rights of the participants so that the activities can be reviewed by the FEECS Ethics Committee.

If the research (project) requires the approval of an external ethics committee, approval by the FEECS Ethics Committee will no longer be required. In this case, only notification of this fact is required by completing the first part of the form followed by proof of approval by the external ethics committee.

If the research participant will be a patient of a healthcare institution (e.g. FNO), the project must also be approved by the ethics committee of the healthcare institution.

Please send the duly completed form to [eticka.komise.fei@vsb.cz](mailto:eticka.komise.fei@vsb.cz).

The following attachments are required when submitting the application:

* complete information on the submitted research,
* a curriculum vitae of the applicant (not applicable to the qualifying work),
* informed consent (template).

**Recruitment of research participants, implementation of measurements or data collection must not begin until the application has been approved by the FEECS Ethics Committee.**

**PART ONE**

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| --- | --- |
| Applicant's name: |  |
| Login, e-mail, phone: |  |
| Title of the research project or qualifying work: |  |
| Estimated start date of implementation: |  |
| Approximate duration of implementation: |  |
| Research (project) support: |  |
| Internal researchers involved in the research: |  |
| External researchers\* involved in the research: (\*those who do not have or will not have a legal employment relationship with the FEECS at the time of the research) |  |

|  |  |
| --- | --- |
| Does the submitted research fall into any of the following categories? | |
| Research involving the examination of people aged 18 years and over | YES / NO |
| Research involving the examination of persons under 18 years of age | YES / NO |
| Research based on lab experiments without human subjects | YES / NO |
| Research based on lab experiments involving human subjects | YES / NO |
| Research requiring the approval of an external ethics committee (e.g. research conducted on human subjects outside the VSB-TUO, e.g. in a healthcare facility) | YES / NO |
| Research using non-certified instruments/equipment | YES / NO |

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| Brief description of the research - aim, methodology, description of the cohort (maximum 150 words): |
| INSERT TEXT... |

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| **STATEMENT:**  **I hereby declare that this research complies with the requirements and principles of scientific ethics of the  VSB-TUO.**  **I declare that during and after the research I will comply with all ethical requirements of VSB-TUO related to confidentiality and anonymization of data leading to possible identification of research subjects.** |

**PART TWO**

|  |  |
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| **A) RESEARCH DESIGN** | |
| A1) Will you be using an already approved measurement/clinical study protocol in the submitted research? | YES / NO |
| A2) If the answer to A1 is YES, please provide the name and protocol code or registration number of the clinical trial. | |
| INSERT TEXT... | |
| A3) Describe the design of the research under review (objectives, methodology, selection of subjects, equipment used, measurement procedure, materials, etc.). | |
| INSERT TEXT... | |
| A4) Will the research include misleading or classified research? | YES / NO |
| A5) If the answer to A4 is YES, please give reasons (e.g. cooperation with industry, etc.). | |
| INSERT TEXT... | |
| A6) Will the research have a potential impact on public safety? | YES / NO |
| A7) If the answer to A6 is YES, please specify which and describe the proposed measures. | |
| INSERT TEXT... | |

|  |  |
| --- | --- |
| **B) PREVIOUS EXPERIENCE** | |
| B1) Do you have previous experience in similarly focused research? | YES / NO |
| B2) If the answer to B1 is YES, please provide specific traceable results. | |
| INSERT TEXT... | |

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| **C) POTENTIAL RISKS** |
| C1) What are the potential risks of the proposed research, especially health and ethical risks? |
| INSERT TEXT... |
| C2) How will these risks be handled (risk minimisation)? |
| INSERT TEXT... |