**Application Checklist**

Add the checklist below to the reference file.

|  |  |  |
| --- | --- | --- |
|  | **ADDED DOCUMENTS** | Checked |
|  | Application Checklist |  |
|  | Application Petition |  |
|  | Clinic Supervisor Form |  |
|  | Clinical Research Application Form |  |
|  | Protocol of the Research |  |
|  | Researcher Commitment (Good Clinical Practices-Good Laboratory Practices-Helsinki Declaration) |  |
|  | Researcher Commitment-2 |  |
|  | Informed Volunteer Form for Patient and Control Group (IVF) | Our study will be conducted on retrospective data. |
|  | Clinical Research Budget Form | There is no budget requirement for our study. |
|  | Research Data Form |  |
|  | Duties Of Researchers Form |  |
|  | Biological Material Transfer Form | There is no biological material in our study. |
|  | Dated, Written and Current Biographies of Responsible Researcher and Assistant Researcher |  |
|  | Approval Of Volunteer To Be Usage Of Data For Publications | Our study will be conducted on retrospective data. |
|  | At Least 3 Literature Full Texts or Abstracts Related to the Research |  |
|  | CD (must contain the following documents) and 1 printed output |  |
| **17.**  | Other  |  |

Date:

Title, name, surname of Coordinator / Responsible Researcher:

Signature: