DEPARTMENT OF CLINICAL RESEARCHS ETHICAL COMMITTEE

Responsible Researcher *………(name surname)……….* is planned to research *……………………(research name*)……………………………………………… will be made in our *……………(clinic name)…………* department.

*…/…/20…*

*……..…(clinic name)………* Department

Uzm. Dr*………(Clinic supervisor Specialist name)………….*

 Signatuıre