1. **INFORMATION ABOUT RESEARCHER AND RESEARCH**

|  |  |
| --- | --- |
| **A.1** | **INFORMATION ABOUT THE RESEARCHER** |
| A.1.1 | Name Surname:Mehmet TAHTABAŞI |
| A.1.2 | Institution/University:MogadishuSomalia-Turkey Recep Tayyip Erdoğan Training andResearchHospital |
| A.1.3 | Department:Radiology |
| **A.2** | **INFORMATION ABOUT THE RESEARCH** |
| A.2.1 | Subject of the Research (Explicit name of the research):Radiologicallyadvanceddiseaseamongtuberculosispatientswithpositivesputum AFB smear in Mogadishu, Somalia. |
| A.2.2 | Status of the Research (Tick the appropriate ones in the boxes below) |
| A.2.2.1 | Master Thesis |  |
| A.2.2.2 | Doctoral Thesis |  |
| A.2.2.3 | Specialty Thesis |  |
| A.2.2.4 | Individual Research Project | X |
| A.2.2.5 | If other, please specify. |
| A.2.3 | Objective / Scope:The aim of this study is to examine the radiological imaging data in patients detected AFB stain examination positivity in patients who admitted to Mogadishu Somalia Turkey Recep Tayyip Erdogan Training and Research Hospital Diagnostic Microbiology Laboratory in the last four years. |
| A.2.4 | Data Collection Method:The data will be collected by retrospective research on the hospital information system. |
| A.2.5 | Hypothesis (s):1. The incidence of advanced disease-related radiological imaging findings in ARB-positive patients presenting to our hospital is higher / not higher than in other countries in the region.2. The incidence of certain laboratory parameters or radiological findings varies between ARB positive and ARB negative patients, but not. |
| A.2.6 | Limitations of the study (restrictions):Accessible radiological data may not be available for all ARB positive patients.Similar study data may not be available in some of the other countries in the region. |
| A.2.7 | Sample of research (written if age ranges and gender are specified):All patients who applied to our laboratory in the last four years and who underwent ARB stained preparations were included in the study. |
| A.2.8 | Time to Research:It is expected to be completed within 3 months following the approval of the ethics committee. |
| A.2.9 | Is he / she is planning another research using material and / or data obtained from the research? | Yes | No |
| A.2.10 | If yes, please provide information about the investigations:aaaaaaaa |
| A.2.11 | Does the survey contain questions that threaten the physical and mental health of participants? | Yes | No |
| A.2.12 | Is there any question or situation that will affect the voluntary participation in the negative direction? | Yes | No |
| A.2.13 | Is there an ethics committee / commission approved the research application? | Yes | No |
| A.2.14 | If your research includes any of the following areas, what are your benefits? |
| A.2.14.1 | Does the research have individual benefits?Reading and discussing the current literature knowledge during the conduct of the study will contribute to the professional competence. |
| A.2.14.2 | Does the research have corporate benefits?The design and conduct of the study will be explained to the assistant physicians in our unit and contributed to their training. |
| A.2.14.3 | Does the research have any social benefits?It is aimed to take preventive measures for tuberculosis infections and to raise awareness that delayed treatment may cause permanent damage. |
| A.2.14.4 | Does the research have any scientific benefits?Since there is no recent study on the profile of patients with tuberculosis infection and radiological imaging results in the population living in Somalia, we anticipate that the data we will obtain will be an important source of radiological findings related to advanced tuberculosis cases. |
| A.2.15 | Is there any laboratory tests? If yes write lists of all laboratory tests below: (Specify rutin or extra laboratory test separately) |
| A.2.16 | Criteria for ending the study: |
| A.2.17 | Write how to obtain data with details: |
| A.2.18 | Statistical analysis: |
| A.2.19 | If there is extra informations for research write below: |

**B. AUXILIARY INVESTIGATORS IN RESEARCH**

(Repeat this section if you have more than one) \*

|  |  |
| --- | --- |
| B.1 | Name Surname:Muktar ABDULLAHI ALI |
| B.2 | Title:Assistant Doctor |
| B.3 | Profession:Infection and Medical Microbiology |
| B.4 | Work address:Mogadishu Somalia-Turkey Recep Tayyip Erdogan Training and Research Hospital |
| B.5 | E-mail address:mukhtaar8888@gmail.com |
| B.6 | Phone number:+252 61 ...73.... |

|  |  |
| --- | --- |
| B.1 | Name Surname:Fatih ŞAHİNER |
| B.2 | Title:Assoc. Prof. Dr. |
| B.3 | Profession:Medical Microbiology& Virology |
| B.4 | Work address:Mogadishu Somalia-Turkey Recep Tayyip Erdogan Training and Research Hospital |
| B.5 | E-mail address:sahinermikro@gmail.com |
| B.6 | Phone number:+90 552 297 26 44 |

 **C. RELATED DOCUMENTS**

(Documents specified in this section must be added to the reference file by order.)

|  |  |
| --- | --- |
| C.1 | Application petitionAdded |
| C.2 | Clinical research application formAdded |
| C.3 | Research protocolAdded |
| C.4 | IF ANY SURVEY FORM\*\* In relation to the validity / reliability of the questionnaire, the sources used in the preparation of the questionnaire should be stated. In addition, an example with the signature of the responsible investigator on each page should be added to the application form.Attention should be paid to the questionnaire form so that it does not reveal the identity of those involved in the survey.No survey form. |
| C.5 | Clinic (s) / List to be WorkedThe study will be conducted as a single center. |
| C.6 | List of Hospital (s) to be WorkedMogadishu Somalia-Turkey Recep Tayyip Erdogan Training and Research Hospital |

**D. SIGNATURE OF APPLICANT (RESPONSIBLE RESEARCHER)**

|  |  |
| --- | --- |
| D.1 | On behalf of myself / applicant with this business application form |
| D.2 | I undertake* that the information provided in the application is correct,
* that the investigator will carry out the relevant protocol in accordance with the current Helsinki Declaration principles,
* to submit a copy of the final report to the Ethics Committee after the end of the research.
 |
| D.3 | Applicant |
| D.4 | Name Surname:Mehmet TAHTABAŞI |
| D.5 | Date (day/month/year): |
| D.6 | Signature: |