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| **北京师范大学心理学部实验伦理审查表****(ETHICS REVIEW FORM FOR STUDIES AT THE FACULTY OF PSYCHOLOGY, BNU)** |
| **1.课题题目 (Project Title)：**  |
| **2.基本信息 (Basic Information)** |
| **2a.研究负责人 (Principal Investigator)** |
| **姓名 (Name)：**  |
| **单位 (Institution)****☑ 北京师范大学心理学部****☐ 其他 (Other, Specify)：**  |
| **电话 (Tel)：** **邮箱 (E-mail)：**  |
| **2b.研究参加人员 (Participating Researchers)** |
| **姓名 (Name)** | **单位 (Association)** | **联系方式 (Tel or E-mail)** |
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| **2c.科研基金 (Funding Info)**  |
| **2d.合作单位 (Collaboration)**  |
| **3.研究目标 (Specific Aims)(限300字 / Not exceed 300 words)**   |
| **4.研究背景和研究意义 (Background & Significance)**  |
| **5.初步结果或证据 (Preliminary Results or Evidence)**  |
| **6.实验设计与方法 (Experimental Design & Methods)** |
| **6a.具体实验设计 (Specific Methods) (实验材料、自变量、因变量、每个被试正式实验的时间等)**  |
| **6b.使用技术手段 (Specific Techniques) (实验设备、实验环境等)**  |
| **6c.研究时间表 (Timeline)**  |
| **7.受试者 (Human Subjects)** |
| **7a.受试者征集 (Proposed Involvement of Subjects)**  |
| **7b.受试者入选标准 (Inclusion Criteria)**  |
| **7c.受试者排除标准 (Exclusion Criteria)**  |
| **8.人体安全与相关保护手段 (Human Subjects Risks and Protections)** |
| **8a.受试者是否签署知情同意书 (Informed Consent)** (如果有，递交申请时，请附上实验知情同意书。If Yes, the consent should be attached with this application.) (如果没有，请说明原因。If No, please clarify the reason.)  |
| **8b.受试者筛选方法 (Screen Methods)**  |
| **8c.潜在收益 (Potential Benefits)**  |
| **8d.隐私和保密措施 (Privacy and Confidentiality Provision)**  |
| **9.使用药物情况、生物样本处理 (Pharmacology and Biological Specimens)** |
| **9a.相关药物及药性 (Relevant Drugs and Pharmacology)**  |
| **9b.药品毒性 (Toxicity)**  |
| **9c.使用方法 (Administration Procedures)**  |
| **9d.生物样本 (Biological Specimens)**  |
| **9e.临床试验 (Clinical Trial)**  |
| **10.研究负责人的保证书 (Certification of Principal Investigator)**本人声明所填写内容属实，并将严格按照申请书中有关内容从事实验和研究。本人并表示严格遵守国家法律和实验室有关规定，同时保护受试人的健康、权益和隐私。本项目无危害国家安全、涉密及其他不适宜公开传播的内容，思想导向正确，不存在思想政治性问题。本人有责任将实验中出现的问题如实向实验室汇报，并按照实验室学术委员会的要求改正。My signature below certifies that the research described in this application and supporting materials will be conducted in full compliance with government regulations and laboratory’s policies, especially those governing human subjects research. I will promptly report any unanticipated problems or adverse events and make prompt corrections upon the recommendations of the scientific committee.**研究负责人签名(Signature of Principal Investigator)：**  年(Year) 月(Month) 日(Day) |
| **以下内容由伦理审查委员会填写 (Filled in by the Ethics Review Committee)** |
| **11.伦理审查委员会意见及保证书 (Opinion and Certification of the Ethics Review Committee)**以下为伦理审查委员会评审专家意见 (Opinion of the Ethics Review Committee)  |
| 对该研究申请人主持此项工作的意见 (Opinion of the Competency of the Investigator (s) to Conduct this Project)☐ 同意 (Agree)☐ 不同意 (Disagree)**评审专家签名(Signature of Expert of the Ethics Review Committee)：**  年(Year) 月(Month) 日(Day) |
| 以下签名确认本委员会已经考察了研究申请人的科研水平和所提科研项目的科研价值，并同意该研究申请人主持此项目研究工作。My signature below certifies that I have reviewed this research protocol and that I approve the investigator (s) to conduct this project in this laboratory.**伦理审查委员会主席签名(Signature of Chair of the Ethics Review Committee)：**  年(Year) 月(Month) 日(Day) |
| **12.实验室批准 (Approval of the Laboratory)**以下签名确认实验室已经审核了研究申请人申请书并批准该项研究工作在本实验室进行。My signature below certifies that I have reviewed this research protocol and that I approve the investigator (s) to conduct this project in the laboratory.**(实验室盖章)实验室负责人签名(Signature of Director of the Laboratory)：**  年(Year) 月(Month) 日(Day) |