



NON-INTERVENTIONAL CLINICAL STUDIES
EVALUATION FORM

Date: / / 20....

1) RESEARCH TITLE				
2) TITLE(ENGLISH)				
3) PRINCIPAL RESEARCHER				
Name, Surname				
Title/ Assignment				
Institution/ City				
Telephone ()	Fax () GSM ()			
Adress				
E-mail	@ Sign:			
4) OTHER RESEARCHERS				
Name, Surname	Title/Assignment	Institution	Telephone	Sign
5) QUALIFICATION OF RESEARCH (Depending on the qualification of the study, more than one box can be ticked.)				
<input type="checkbox"/> Survey Research				
<input type="checkbox"/> Observational studies such as retrospective archive scanning etc. using files and image recordings				
<input type="checkbox"/> Study to be done with biochemistry, microbiology, pathology and radiology collection materials such as blood, urine, tissue and images, or with materials obtained during routine examination and treatment procedures.				
<input type="checkbox"/> Cell or tissue culture study				
<input type="checkbox"/> Study based on anthropometric measurements				
<input type="checkbox"/> Research on the evaluation of living habits				
6) PLACE(S) WHERE THE RESEARCH WILL BE DONE				
7) DESCRIPTION OF RESEARCH				
a. Aim of study				



b. Type of Study	b1. Research Project <input type="checkbox"/>	b2. Thesis of specialization <input type="checkbox"/>	b3. Thesis of PhD <input type="checkbox"/>	b4. Thesis of master <input type="checkbox"/>
c. The justification of the study and the literature explaining this justification				
d. Approaches and methods to be implemented				
d1. Projected study period/timetable				
d2. Materials and Methods				



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d3. The number and quality of participants

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d4. Inclusion or exclusion criteria and exclusion criteria after the start of the research

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d5. Instruments (scales, diagnostic tests, parameters), interventions

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d6. Precautions to be taken (to protect the health of participants and in case of unexpected situations in the study)

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d7. Statistical analysis methods

e. List of references (At least three of them will be included in full text)

8) BUDGET OF
RESEARCH

Predicted Budget :

.....TL

Does the research have a sponsor?

Yes

No

If yes, please check the appropriate box below:

Coordinatorship of BAP Research Project

Coordinatorship of BAP Publication and Citation Incentive

TÜBİTAK

DPT

If other, please specify and document:

(DO NOT FILL THIS SECTION)

DATE OF DECISION:/...../20..

NUMBER OF DECISION:

NOTES

APPROPRIATE

CONDITIONALLY
APPROPRIATE

WILL BE EVALUATED WITH
CORRECTIONS

NOT APPROPRIATE