

Ethical Assessment Form For SSC2 - Page 3

1) Does the project involve any modification of investigation, treatment or other aspects of clinical practice? YES NO

2) Does the project involve potentially physically or mentally invasive procedures on volunteers? YES NO

If both answers above are NO then YOU DO NOT NEED TO FILL IN QUESTIONS 3-6, but please sign and date the form below and return it to the College Office. If you answered YES to either of the above, please complete the remainder of this form in full.

3) Does your project involve the administration of a questionnaire to patients which asks questions not routinely used in clinical practice? YES / NO

If YES, append the questionnaire.

4) Does your project involve the taking of additional samples from subjects or the administration of drugs or other treatments to subjects? YES / NO

If YES, explain on an attached sheet.

5) Could your project cause any physical harm to subjects? YES / NO

If YES, explain on an attached sheet.

6) Could any subjects be annoyed/embarrassed or upset by the project? YES / NO

If YES, explain on an attached sheet.

Signed	Name	(Students)
Henry Maden	HENRY MILLAR	
Greg Swann	GREG SWAN	
P. Sharma	PAVEL SHARMA	
William Lee	WILLIAM REA	
Alisa Campbell	ALISA CAMPBELL	
John Henderson	John Henderson	
Genevieve Mowbray	GENEVIEVE MOWBRAY	
Timothy Brook	TIMOTHY BROOK	
Luva Butler	LUVA BUTLER	(Supervisor)