**Institutional Review Board (1)**

**Ministry of Health and Sports**

**Republic of the Union of Myanmar**

**To**

**Medical Superintendent**

**\_\_\_\_\_\_\_\_\_\_\_\_ Hospital**

**Permission Form for the study**

We are researchers from \_\_\_\_\_\_\_ Department/ Organization. We are doing research on“………………………………………………….”.The main aim is to study …………………………………… in different level of hospitals in Myanmar. A total of 8 hospitals will be involved in the study. We will visit your hospital once every three months. The charts of all patients admitted to your hospital for …………………… will be reviewed and required information will be extracted.Duration of study will be one year.

For the protection of the participants, strict confidentiality will be maintained by use of codes and all subjects will be remained anonymous.This study targets only for ………………………………..The report will be given in general and not be focused on individual hospital. Recommendations will be made depending upon the results of the study and the training program related to …………………..and management will be given as needed.

If you have any questions, you may contact:

Dr…………………, Research Scientist, Department of Medical Research, Phone-……………….

Email- ………………………

This proposal has been reviewed and approved by the Institutional Review Board (1), Ministry of Health and Sports which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the Committee, contact the secretary of the Board at the Ministry of Health and Sports, Office No (4), Naypyitaw.

**May I respectfully request your kind permission to conduct this study in your hospital.**

**Dr……………………**

 **Principal Investigator**