



« SCS Research Ethics Committee of IPM »

Approval Statement Investigator's profile	Name: Place of work: Institute for Research in Fundamental sciences (IPM) Phone number: Email address:			
Research Title				
Research Category	Human research: Healthy individuals <input type="checkbox"/> Patients <input type="checkbox"/> Psychophysics: <input type="checkbox"/> EEG: <input type="checkbox"/> fMRI: <input type="checkbox"/> Others: <input type="checkbox"/> Animal Experiment: Behavioral study: <input type="checkbox"/> Invasive Rec.: <input type="checkbox"/> Non-invasive Rec.: <input type="checkbox"/> Surgery: Headpost: <input type="checkbox"/> Recording Chamber: <input type="checkbox"/> Craniotomy: <input type="checkbox"/> Others: <input type="checkbox"/> Animal species: Rat: <input type="checkbox"/> Cat: <input type="checkbox"/> Non-human primates: <input type="checkbox"/> Others: <input type="checkbox"/> Awake experiment: <input type="checkbox"/> Anesthetized experiment: <input type="checkbox"/>			
Ref. No.	Ref. No.SCS.		Ref. NO.SCS.REC.	
Date	Receipt date		Meeting date	
Decision	Approved <input type="checkbox"/> Revision <input type="checkbox"/>			
Approval Statement				