



IBREC Application form for studies involving human participants

Complete Section 1 of this form. If any question in Section 1.3 is answered affirmatively then also fill out Section 2. Sign the form and send it to the IBREC Secretary, Ms. Jessica Lin (jessica.lin@worldveg.org), together with your Study Plan, Information Sheet, and Informed Consent Form. The application must be submitted at least 10 working days before the start of the data collection. Approval must be received before the data collection can start. Study plans must have been approved by the supervisor before submission to IBREC.

Section 1: General information

1.1 Project and applicant(s):

1.1.1	Project title:	"Safe locally produced vegetables for West Africa's consumers" (SAFEVEG)
	Study title (if different):	Current status and perspectives for improving Okra (<i>Abelmoschus esculentus</i> L. Moench) seed system and quality in Benin-
	Funding agency	European Union and the Netherlands Ministry of Foreign Affairs,
1.1.2	Name of Principal Investigator:	Jelila Blalogoe
	Email:	jelila.blalogoe@worldveg.org
	Names of other WorldVeg researchers involved:	Lys Amanvi, Mathieu Ayenan, Roland Schafleitner
	Partners involved (name and organization):	University of Abomey-Calavi Prof Enoch Achigan-Dako-
1.1.3	What is the main scientific discipline of this research?	Plant breeding / crop science If [Other] then define:
	Flagship program:	EI
	Has the study plan been approved by the supervisor?	Yes



		If yes, who approved it? Roland Schafleitner
1.1.4	Planned period of data collection:	October 2022
	Country where data will be collected:	BENIN
1.1.5	Does this study qualify as human subjects research?	Yes

1.2 Compliance with general ethics:

1.2.1	Will you inform the relevant local authorities about this study?	Yes
1.2.2	Does the study comply with WorldVeg guidelines for collecting, storing and sharing data?	Yes
1.2.3	Has the project prepared an information sheet to be given to the participants? (attach it)	Yes
1.2.4	Has the project prepared a consent form to be signed by the participants? (attach it)	Yes
1.2.5	If any answer was [No], then please explain:	

1.3 Checklist to determine if the study can be exempted of IBREC review:

	Question	Yes	No
1.3.1	Does this project involve an experiment with human subjects? (e.g. a technology is tested with actual people; the study is a randomized controlled trial)	☐	☒
1.3.2	Does this project collect human biological specimens (such as blood, urine, or saliva samples)?	☐	☒
1.3.3	Does this project involve vulnerable populations (such as children, refugees, prisoners, disabled people, or people affected by disasters)?	☐	☒
1.3.4	Will this project collect personal data through any means other than interviews?	☐	☒



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1.3.5	Does this project collect any personal data of a sensitive nature that may expose the respondent to risks if publicly disclosed? (For instance, data on domestic violence, sexuality, harassment, indebtedness, addiction, criminal background, or personal beliefs about sensitive topics.	☐	☒
1.3.6	Does this project expose humans to any health, economic, social or psychological risks that are greater than discomfort or inconvenience?	☐	☒

Complete Section 2 if any of these questions are answered [Yes]

Signature of Principal Investigator / Applicant:

<i>I confirm that the above information is correct to the best of my knowledge.</i>	Jelila Blalogue (write your name) Date: 05/10/2022
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Decision on IBREC exemption

To be completed by IBREC Chair

IBREC Registration ID:	2022-18
Is this study exempted from further IBREC review?	Yes
Comments (if any):	
Signature IBREC Chair	DocuSigned by: Pepijn Schreinemachers 3EBEA56041B7486...
	Date: 11 October 2022



Section 2: Human subjects research with potential risks

Only complete this section if any question in Section 1.3 was answered with [Yes].

2.1 Risk assessment

Complete the below questions about the expected risks and benefits of the project.

1. What sources of risk will participants be exposed to?	
2. Who may be affected by these?	
3. What is the likelihood of each of these occurring?	
4. What is the severity of any harm that may occur?	
5. What actions does the project take to minimize these risks?	
6. What are the potential benefits?	
7. Who is likely to receive these benefits?	

2.2 Assessment by another ethical review committee

1. Has this study been submitted to another ethical review committee?	Choose an item.
2. If yes, what is the name/ organization of this committee?	
3. What is the status?	
4. Further comments (if any)	



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Signature of Principal Investigator / Applicant:

<i>I confirm that the above information is correct to the best of my knowledge.</i>	(write your name) Date:
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IBREC Outcome

To be completed by IBREC Chair/Secretary

IBREC Registration ID:	
# IBREC members:	
1. Approved	persons
2. Needs revision	persons
3. Not approved	persons
4. No recommendation	persons
Conflicts of interest (if any):	
Final decision:	Choose an item.
Comments (if any):	
IBREC Chair:	
Date:	