

Application for review of the research project in the ethics committee of Hydronaut Project a.s.

Application No.: xx2024 *(To be completed by the Ethics Committee)*

Project Name:

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Project Support Provider *(Indicate the provider and grant number):*

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Principal Investigator of the project *(Name, workplace/company, e-mail):*

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Co-principal investigator of the project *(Name, workplace/company, e-mail):*

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Brief description of the project (max 800 characters, detailed description in an attachment):

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Nature of the project:

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Research Specifications:

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Project outputs:

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Attachments:

Prague, date

signature of the principal investigator

Statement of the Ethics Committee of Hydronaut Project a.s.

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Prague, date

signature of the Chair of the Ethics Committee