West China Hospital

Request for Approval of Human Subjects Research

Please type. Handwritten forms will not be accepted

You may follow this format on separate sheets or use additional pages if necessary.

<table>
<tr><td>FROM: (name, address for correspondence)
Hejuan Mao</td><td rowspan="4">PROJECT TITLE:
Effects of B-lymphocyte dysfunction on the serum copper, selenium and zinc levels of rheumatoid arthritis patients</td></tr>
<tr><td>TELEPHONE:</td></tr>
<tr><td>E-MAIL:
ybyyymhj@126.com</td></tr>
<tr><td>COURSE AND YEAR:</td></tr>
<tr><td>DURATION OF ENTIRE PROJECT:
from 2009.08 to 2013.08</td><td>FACULTY SUPERVISOR’S NAME:</td></tr>
<tr><td colspan="2">ANTICIPATED FUNDING SOURCE:
(include grant or contact number if known)</td></tr>
</table>

TERMS AND CONDITIONS FOR APPROVAL IN TERMS OF THE DATA PROTECTION ACT

- Personal data shall only be collected and processed for the specific research purpose.
- The data shall be adequate, relevant and not excessive in relation to the processing purpose.
- All reasonable measures shall be taken to ensure the correctness of personal data.
- Personal data shall not be disclosed to third parties and may only be required by the University or the supervisor for verification purposes. All necessary measures shall be implemented to ensure confidentiality and, where possible, data shall be anonymised.
- Unless otherwise authorised by the University Research Ethics Committee, the researcher shall obtain the consent from the data subject (respondent) and provide him with the following information: The researcher's identity and habitual residence, the purpose of processing and the recipients to whom personal data may be disclosed. The data subject shall also be informed about his rights to access, rectify, and where applicable erase the data concerning him.

I, the undersigned hereby undertake to abide by the terms and conditions for approval as attached to this application.

I, the undersigned, also give my consent to the University of Malta's Research Ethics Committee to process my personal data for the purpose of evaluating my request and other matters related to this application. I also understand that, I can request in writing a copy of my personal information. I shall also request rectification, blocking or erasure of such personal data that has not been processed in accordance with the Act.

Signature:

To be completed by University Research Ethics Committee

We have examined the above proposal and grant

Acceptance **Refusal** **Conditional acceptance**

For the following reason/s:

West China Hospital

Signature Weimin Li Date 2009/07/29