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| By signing below, I confirm that I will use no research instruments and/or instructional materials including standardized tests, surveys, questionnaires, interview questions, observation protocols, etc. in the implementation of my research study other than those I have submitted to the External Research Review Committee (ERRC). I confirm that in the event I want to modify any aspect of this study, I will submit the modification(s) to the External Research Review Committee for review and approval before implementation begins. Confidentiality, dignity and ethical rights for all participants should be strictly guaranteed.­­­­By signing below, I confirm that **KING FAHAD MEDICAL CITY will not be identified** in any reports, publications, or/and presentations about this study, unless approved by ERRC. Data should be presented anonymously.I agree to provide a copy of the completed study to the Research Center at KFMC. |
|  |
| **Printed Name of Applicant:** |  |
| **Signature:**       | **Date:**       |
|  |
| **Printed Name of Dean/Advisor:** |  |
| **Signature:**       | **Date:**       |