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| Date: |  | | | | | | **IRB Log No.** *(to be filled by KFMC IRB)***:** | | | | |  |
|  | | | | | | | | | | | | |
| **Title of Research Project:** | | | | |  | | | | | | | |
| **Principal Investigator or Researcher:** | | | | |  | | | | | | | |
| **Co-Investigator(s) or Co-Researcher(s)**: | | | | |  | | | | |  | | |
| Hospital / Center / University: | | | | |  | | | | | | | |
| Mailing Address: | | | | | | | | | **Email Address:** | | | |
| Fax: | | | | | | | | | Telephone: | | | |
|  | | | | | | | | | | | | |
| Research is for: | | | undergraduate course work  graduate course work  master’s degree | | | | | doctoral degree  post-doctoral research  institutional study (indicate funding, if any) | | | | |
| grant (specify name)  other (specify) | | | | | | | | | |
| Research has been approved by: | | | | | advisor | | | | prospectus or dissertation committee | | | |
|  | | | | | | | | | | | | |
| **Rationale and objectives:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Overview Description of Methodology** (include task requirements for individual subjects): | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **Target Population** (group to be studied or assessed): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **GROUP** | | **NUMBER NEEDED** | | **TIME (MIN/HRS) REQUIRED FROM SUBJECTS** | | **SPECIFIC CHARACTERISTICS OF GROUP (e.g., specific disease, sex, etc...)** | | | | | **Specific titles of SURVEYS, QUESTIONNAIRES, ASSESSMENTS, MEASUREMENTS, etc. that subjects will be asked to complete** | |
| Patients | |  | |  | |  | | | | |  | |
| Parents | |  | |  | |  | | | | |  | |
| Other | |  | |  | |  | | | | |  | |
|  | | | | | | | | | | | | |
| Existing hospital data researcher wishes to access, including demographic, behavioral, etc.: | | | | | | | | | | | | |
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| Names of department(s) where research will be conducted: | | | |
|  | |  | |
|  | |  | |
| Special sampling requirements (specify): | | | |
|  | | | |
| Space and equipment requirements: | | | |
|  | | | |
| **Start Date:** |  | **Completion Date:** |  |
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| **Note: The review process will not begin until the application is complete. Refer to “Research Application Checklist” (page 3) for a list of documentation required.** | | | |

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| **External Research Application Checklist** |
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| Upon completion of your research proposal, please check the following categories to make sure they are included with your application. **Please provide the materials in the following order:** |
|  |
| 1. Completed and signed application form to be filled out in its entirety. 2. A letter from the college or university advisor or research organization leader stating that the proposed project has been approved by the college, university, or research organization. 3. Copies of research instruments and/or instructional materials to be used, including standardized tests, surveys, questionnaires, interview questions, etc. 4. Copy of informed consent form from subjects willing to participate if needed. 5. A description of the study, in about five double spaced pages in length. The following information should be included:    1. Project/Study Purpose (include timeline or project schedule).    2. Identification of what this project will address:  * Methodology/data collection procedures including what data will be collected, who will collect the data, and how much patient time will be needed. * Plan for obtaining informed consent from parents, patients and plan for maintaining confidentiality. * Plan for evaluating research findings. Describe the types of analysis to be conducted. * Plan for dissemination of research findings (publishing, presenting, and degree fulfillment). |
|  |
| **Note:** Kindly submit your application materials to **Institutional Review Board** office at 1st Floor (male side), Faculty of Medicine, King Fahad Medical City or you can send through this email [**InstitutionalReviewBoard@kfmc.med.sa**](mailto:InstitutionalReviewBoard@kfmc.med.sa). |