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| --- | --- | --- | --- | --- | --- |
| **IRB Log No.:** |  | | | | |
| **Study Title:** |  | | | | |
|  | | | | | |
| **Category of Review** | | | | | |
| Exempt (initial review) | | | Manuscript | | Other (please specify): |
| Expedited (initial review) | | | Adverse Events | |
| Full (initial review) | | | CIOMS / SUSAR Reports | |
|  | | | | | |
| Date(s) of Review: | | | |  | |
| Written Review Report Submission Date: | | | |  | |
| Oral Report Date: | | | |  | |
|  | | | | | |
| **Amount Claimed:** | | SAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please attach any documents related to additional expenses.)* | | | |
|  | | | | | |
|  | | | | | |
| **Reviewer’s Information** | | | | | |
| **Reviewer’s Name:** | |  | | | |
| **Employee No.:** | |  | | | |
| **Email Address:** | |  | | | |
|  | | | | | |
| **Reviewer’s Bank Information** | | | | | |
| **Bank Name:** | |  | | | |
| **Account Number:** | |  | | | |
| *Please attach a copy of the following:*   * *KFMC Badge / ID* * *National ID / Iqama* * *IBAN Card* | | | | | |
|  | | | | | |
| **IRB Chairman Approval** | | | | | |
| **Approved:** | | Yes  No | | | |
| **Chairman’s Signature:** | |  | | | |
| **Date:** | |  | | | |
|  | | | | | |
| Reviewer Payment Request Submitted to SFFD by IRB Chair:  Yes  No | | | | | |
| Date Submitted: | |  | | | |
|  | | | | | |
| Copy Placed in IRB File | | Yes  No | | | |
|  | | | | | |
| Received By: | |  | | | |
| Date Received: | |  | | | |