|  |  |
| --- | --- |
| **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: |  |