APPLICATION FORM FOR HUMAN STUDY

|  |  |
| --- | --- |
| Principal Investigator: (PI) |  |
| Position of the PI: |  |
| Department: |  |
| Phone/ Mobile: |  |
| E-mail address: |  |
| Sponsor: |  |
| Co- Investigators: |  |

| Title of the study ( English & Arabic) |
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|  |
| Aims of the study ( English & Arabic) |
|  |

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| --- | --- |
| Study duration: |  |
| Sample Size:(including control subjects) |  |
| Where will study be conducted?List of participating centres. |  |
|  |  |
| Has this study been approved by any IRB/ REC? In case of “YES”, please specify and attach the letter of approval. | [ ]  Yes [ ]  No |
| Has this study been submitted for review by any IRB/ REC?If Yes, please specify and mention the name of contact person and his/ her contact Details. | [ ]  Yes [ ]  No |

* This research project is: (Check all that applies)

[ ]  Single site study / MD / Master Thesis

[ ]  Multi-center study (Specify...........)

[ ]  National Collaborative project (Specify...........)

[ ]  International collaborative project (Specify...........)

[ ]  Others (Specify...........)

* What is the type of the research?

 [ ]  Clinical study: Specify the phase: I [ ]  II [ ]  III [ ]  IV[ ]

[ ]  Interventional study: Specify the phase: I [ ]  II [ ]  III [ ]  IV[ ]  Other [ ]

 (Specify………)

[ ]  Observational Descriptive Study (Case report, Case series, Survey)

[ ]  Observational Analytic study (Cross-sectional, Case-control, Cohort)

[ ]  Diagnostic test evaluation

* Does this study include? (Check all that applies)

[ ]  Human Subject

[ ]  Genetic testing/ Storing or Banking

[ ]  Human embryo research

[ ]  Stem cell research

[ ]  Biological specimens collection/storing / banking

[ ]  Invasive Techniques

* Request is being made for an exploited review?

[ ]  Yes [ ]  No

Please justify

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| --- |
|  |

* Risks: List the expected risks of the study to the subjects

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| --- |
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* Benefits: List the potential benefits, if any, to the subjects

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* The risks are reasonable to the potential direct benefits to the subjects, if any, or to the knowledge to be gained:

[ ]  Yes [ ]  No

* Indicate whether this study will contain dangerous/biohazards materials

 [ ]  Yes (Specify .......................................) [ ]  No

* Indicate whether this study will involve vulnerable subjects

 [ ]  Yes (Specify .......................................) [ ]  No

* Date of Submission:
* Signature of the PI:
* Please enclose your proposal.

*Research Ethics Committee at Taif University*

* Received by:
* Date of Receiving:
* Study id Number: