APPLICATION FORM FOR HUMAN STUDY

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

| Title of the study ( English & Arabic) |
| --- |
|  |
| 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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* 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: