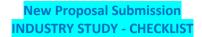
INSTITUTIONAL REVIEW BOARD RESEARCH CENTRE



☐ Application Form:	
☐ Font Size (Arial – 11) / Paragraph S	Spacing (1.5)
☐ Signatures, contacts or ID numbers on the Application Form Cover Page (page 3)	
☐ Signature of Principal Investigator and date on all pages of the Application Form	
☐ Departmental Research Committe	
·	epartmental Research Committee and signed by Department Chairman)
☐ Work Plan Responsibilities Section	
☐ Literature Review Section Minimu	m 5 (preferable recent ones)
\square Duration of the study	☐ Departmental Approvals (page 4)
☐ Pharmacy Sheet	☐ Biological Hazards Section
☐ Consent Form:	
☐ English Version	☐ Contact Person(s) (Section J)
☐ Arabic Version	☐ Others:
☐ Version Number and Date	
☐ Related Documents:	
☐ Original Protocol	\square Cover Letter (Memo addressed to chairman of IRB)
☐ Original Consent Form	☐ Invitation to Collaborate
☐ Clinical Trial Agreement	☐ Statement of Conflict of Interest
☐ Certificate of Insurance	☐ Investigator's Assurance Form
☐ Investigator's Brochure	☐ Copy of two (2) major literatures/references
☐ Related SAE Reports / SUSAR	☐ Study Drug Information
☐ CV of Principal Investigator	☐ Budget Sheet
•	lection Sheet (Separated from the application form including date
-	ated if translated from another language
	ttp://phrp.nihtraining.com/users/login.php) (or the PI has one
publication or more during the pas	
	e application form on letter head paper including date and
version number)	e application form of fetter flead paper moldaling date and
☐ Subject Recruitment Advertisement	nts/Information
☐ EC/IRB Approval Letters from participating institutions	
☐ Bio-Medical Engineering Department approval If a medical device will be you used.	
☐ Pathology and Laboratory Department approval If a lab technicians will be you assigned, or the	
study includes blood works.	ment approvar in a lab technicians will be you assigned, or the
☐ Pharmacy Department approval fo	er medication interventions
	5.R 7,000) before the initial review for sponsoring research in the
Research Centre account	in 7,000) before the initial review for sponsoring research in the
	Initiative (Optional) www.citiprogram.org
☐ Do you need assistance from a Clinic	
•	(es follow instructions below)
• • • • • • • • • • • • • • • • • • • •	and your request for a consultation via email to
ebawazeer@kfshrc.edu.sa (Ext. 6353	·
	ed assistance from The Clinical Research Coordinator please fill
out the attached- CRC- REQUEST FORM	
·	ciated Documents (please send to HawazinA@kfshrc.edu.sa)
This checklist should be sent to us together w Thank you.	vith your research project submission.

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