

**Application Form:**

- Principal Investigator must be from KFSHRC-J.
- Font Size (Arial – 11) / Paragraph 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
- Statement of Conflict of Interest
- Duration of the study
- Work Plan Responsibilities Section
- Literature Review Section, Minimum 5 (preferable recent ones)
- Pharmacy Sheet
- Biological Hazards Section

**Consent Form:**

- English Version
- Arabic Version
- Version Number and Date
- Contact Person(s) (Section J)
- Others: \_\_\_\_\_

**Related Documents:**

- Nursing Research Approval (for Nursing research project - [gsegedgewick@kfshrc.edu.sa](mailto:gsegedgewick@kfshrc.edu.sa) )
- Approval memo from concerned department where the research will be conducted
- Protocol Approval from university/ supervisor
- Copy of Original Protocol submitted to university
- Investigator's Assurance Form
- Data Collection Sheet (Separated from the application form with date and version number)
- Case Report Form (CRF) / Data Collection Sheet (Separated from the application form including date and version number) must be validated if translated from another language
- CV of Principal Investigator (PI)
- NIH Certificates for PI (<http://phrp.nihtraining.com/users/login.php>) (or the PI has one publication or more during the past five years).
- Copy of two (2) major literatures/references
- Subject Recruitment Advertisements/Information
- Information Sheet and Invitation Letter to Participants
- Questionnaire (Separated from the application form including date and version number)
- Interview Questions
- 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.
- Pharmacy Department approval for medication interventions.
- Collaborative Institutional Training Initiative (Optional) [www.citiprogram.org](http://www.citiprogram.org)

**Electronic Copy of Protocol and All Associated Documents** (please send to [HawazinA@kfshrc.edu.sa](mailto:HawazinA@kfshrc.edu.sa) )

**Office of the Institutional Review Board  
Research Centre  
Extension# 63539 / MBC-J04  
Thank you.**