

# RESEARCH ADVISORY COUNCIL COVER PAGE

<b>I Title of Proposal:</b>			
<b>II Duration of Study:</b>		<b>III Is there External Sponsor(s)/Collaborator(s)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)	
<b>IV Does the Study involve sending Biological Samples (blood, urine, tissue, saliva) outside Saudi Arabia?\</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (where) _____			
<b>V Does the Study involve the use of Investigational Drug/Device or investigational use of approved Drug/Device?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (where) _____			
<b>VI Principal Investigator(s) (or KFSH&amp;RC Primary Investigator(s):</b>			
<b>Name/ Primary Contact:</b>	<b>Title &amp; Position</b>	<b>ID #</b> (Affiliation & contact # if not KFSH&RC Staff)	<b>Department</b> (Affiliation & contact # if not KFSH&RC Staff)
<b>VI I Co-Investigator(s) (or KFSH&amp;RC Co-investigator(s):</b>			
<b>Name</b>	<b>Title &amp; Position</b>	<b>ID #</b> (Affiliation & contact # if not KFSH&RC Staff)	<b>Department</b> (Affiliation & contact # if not KFSH&RC Staff)

**\*All Fields should be completed**