

Kingdom of Saudi Arabia Ministry of Education Hafr El Batin University Deanship of Research and Innovation		المملكة العربية السعودية وزارة التعليم جامعة حفر الباطن عمادة البحث والابتكار
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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)
Aims of the study (English & Arabic)

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.....)

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- ☐ 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

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

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

• **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**

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☐ 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 University of Hafr Al Batin

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