**كلية العلوم الطبية التطبيقية College Of Applied Medical Sciences (CAMS)**

**لجنة البحوث Research Committee**

**نموذج التقديم لإقامة الأبحاث في مرافق الكلية (أ)**

**Application Form for conducting researches at the college facilities**

*Please type you responses inside the textboxes.*

**PART A:**

1. **Applicant name:** Click here to enter text.
2. **Institution:** Click here to enter text.
3. **College:** Click here to enter text.
4. **Department:** Click here to enter text.
5. **Position:** Click here to enter text.
6. **KSU ID:** Click here to enter text.
7. **Email:** Click here to enter text.
8. **Mobile number:** Click here to enter text.
9. **Principal investigator: (name, department and institution):** Click here to enter text.
10. **Co-investigator/s (name, department and institution):** Click here to enter text.

**PART B:**

1. **Study title:** Click here to enter text.
2. **Study scope:** [ ] **CAMS** [ ] **KSU** [ ] **Community** [ ] **National** [ ] **International**
3. **CAMS department that you intend to use its facilities:** Click here to enter text.

**Laboratory name:** Click here to enter text.

1. **Does the study involve external sites such as a KSU hospital, a school? YES** [ ]  **NO** [ ]
	* **If yes, specify:** Click here to enter text.
2. **Has the study obtained scientific review such as by funding agency, MSc proposal committee? YES** [ ]  **NO** [ ]
	* **If yes, who conducted the review?** Click here to enter text.
3. **Has the study received ethic review by CAMS ethics committee? YES** [ ]  **NO** [ ]
	* **If yes, include a copy of ethic review.**
4. **Has the study received ethics review by other ethics committee? YES** [ ]  **NO** [ ]
	* **If yes, include a copy of ethic review/s.**

**PART C:**

1. **Study purpose:**

Click here to enter text.

1. **Sample size (total):** Click here to enter text.

**Number of subjects at CAMS:** Click here to enter text.

1. **Study population (check all applicable):**

[ ]  **Male** [ ]  **Female**

[ ] **Infants** [ ] **Young children** [ ] **Adults** [ ] **Elderly** [ ] **Pregnant woman** [ ] **Special populations**

[ ] **Other; specify:** Click here to enter text.

[ ]  **Normal** [ ]  **Heath issues**

1. **Description of study population, inclusion and exclusion criteria (100 words max.):**

Click here to enter text.

1. **Recruitment procedures (100 words max.):**

Click here to enter text.

1. **Description of methodology including instruments and data collection:**
	* **Instruments:** Click here to enter text.
	* **How data will be collected?** Click here to enter text.
	* **Does data collection require qualifications or special training? YES** [ ]  **NO** [ ]

**If yes, describe:** Click here to enter text.

* + **When and by whom should data be collected at CAMS?** Click here to enter text.
	+ **Does the person collecting the sample at CMAS have the require training? YES** [ ]  **NO** [ ]
1. **Description of ethical considerations specific to PARTICIPANTS:**

**BENEFITS:**

Click here to enter text.

**RISKS:**

Click here to enter text.

**PARTICIPANT RIGHTS:**

Click here to enter text.

**The procedure to deal with abnormal findings:**

Click here to enter text.

**Are there any ethical concerns that were not addressed here? YES** [ ]  **NO** [ ]

* + **If yes, explain:** Click here to enter text.

**PART D: SIGNATURE**

[ ]  **I confirm to follow King Saud University Rules Governing the Ethics of Scientific Research as approved by the Sixth meeting of the University council on 11/06/1436 H.**

اتعهد بالالتزام بالقواعد المنظِّمة لأخلاقيات البحث العلمي المعتمدة من مجلس الجامعة - الجلسة السادسة بتاريخ 11/6/1436 هـ

<https://dsrs.ksu.edu.sa/ar/node/1116>

[ ]  **I understand that I need to obtain access to laboratory from local department and follow its lab regulations.**

**Name:** Click here to enter text.

**Date:** Click here to enter text.

**Signature:**