

RESEARCH CENTRE – CLINICAL RESEARCH COORDINATOR REQUEST FORM

It is our pleasure to provide the support you need. Kindly, fill this form and send it to the Research Centre via email to Hawazina@kfshrc.edu.sa (Ext. 63539/mcd 40669) or **MBC J-04**

Date of Request: / /			
Research Study Information			
IRB Approval	<input type="checkbox"/> Approved	IRB#	<input type="checkbox"/> Not approved
Study Type	<u>Sponsored</u>	<u>In-house</u>	Proposed Duration of Study: Anticipated Number of Subject Enrollment:
	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Registry <input type="checkbox"/> Others	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Registry <input type="checkbox"/> Others	
Study Title:			
Principal Investigator			
Name		MCD	
ID#/Signature		Ext.	
Department		E-mail	
Services Needed			
<u>Sponsored/Collaborated Study:</u>		<u>Data Collection Study:</u>	
<input type="checkbox"/> Assistance in the study conduct and management as agreed in the Study Authorization Log and Research Center Guidance.		<input type="checkbox"/> Facilitate data collection* (Retrospective-Questionnaire -Interview)	
		<input type="checkbox"/> Data Entry <input type="checkbox"/> Data Analysis	
		*A medical team member should be assigned / supervise the collection of complex data.	
<i>NOTE: Clinical Trails shall be given priority. Retrospective research will be supported upon availability of staff.</i>			
<input type="checkbox"/> Others: Please indicate the service required:			
<u>Generic Consultation:</u> You may send your request for a 30-minute consultation with CRC via email to ebawazeer@kfshrc.edu.sa			
Please Provide the Following Documents			
<input type="checkbox"/> Protocol Synopsis <input type="checkbox"/> Consent Form (if applicable) <input type="checkbox"/> IRB Approval Letter (if applicable)			
For Research Centre			
Primary Research Coordinator		Secondary Research Coordinator (If needed)	
This request will be valid from day of assignment to:			
Head of Epidemiology & Biostatistics		Signature	Date
Comments:			