



مستشفى الملك فيصل التخصصي ومركز الأبحاث

King Faisal Specialist Hospital & Research Centre

Gen. Org. مؤسسة عامة

Jeddah Branch - فرع جدة

Institutional Review Board (IRB)

**Application for Registration of
Case Report / Case Series**

No.

Submission Date:

Title of Case:

Patient(s) Medical Record Number: _____

Admission Date Pertaining to the Case(s): _____

Person's Name Registering the Case(s): _____

Department of Registering Person: _____

Department Head Signature: _____

Any Conflict Of Interest: Yes No

The case has ethical issues if reported: Yes No

The person reporting was involved in patient's care: Yes No

If No, permission obtained from the Most Responsible Physician: Yes No

Intended for Presentation in Scientific Conference: Yes No

Intended for publishing in Peer-Reviewed Journal: Yes No

The case will be reported accurately and without any falsification of data: Yes No

If published, conformation to the authorship rights will be followed: Yes No

(As Per October 2004 update available at www.icmje.org and at the IRB Office)

Names of Authorized Persons On The Case: (If applicable)

1) _____ 3) _____

2) _____ 4) _____

The case report will be submitted for presentation at scientific meeting or for publication in a medical journal within _____ of IRB registration: Yes No

If No, please specify how much time needed: _____ Months

Why extra time needed: _____

For official use only IRB Registration Granted: Yes No

HOSSAM ABDELRAHMAN, MD
Chairman, IRB

Date