## INSTITUTIONAL REVIEW BOARD RESEARCH CENTRE

## New Proposal Submission THESIS PROJECT (PROSPECTIVE – RETROSPECTIVE) - CHECKLIST

	Application Form:		
	☐ Departmental Research Co	mmittee Approval	
	<ul> <li>□ Pharmacy Sheet (If Applicable)</li> <li>□ Budget Sheet Details (if Sponsored or includes a non-routine test or procedure)</li> <li>□ Biological Hazards Section (If Applicable)</li> </ul>		
	$\square$ To complete the Waiver of Consent section if study Is retrospective		
	$\square$ To include in the detailed description box:		
	Introduction may include background information related to the research topic (Importance of the		
	topic), the purpose in carrying out this research and the Importance of potential (expected) findings		
	Methodology may include: 1. List of collaborating Centers and the coordinating center (If Applicable)		
	2.Duration of the study		
	3. Inclusion Criteria and Exclusion Criteria, which will be used in selecting the research		
	participants		
	4. Registration (If Applicable) 5. Randomization Process		
	6. Data gathering methods		
	7. Procedures, Designated Central Laboratories (If Applicable)		
	8. Follow-up (If Applicable)		
	9. Safety and Efficacy Parameters		
	10. Expected Outcome		
	11. Sample Size		
	12. Statistical Methods		
	13. participant confidentiality		
	14. References/ Literature Review Section Minimum 5 (Preferable recent ones)		
	15. List of all investigators' Work Plan and Responsibilities		
	☐ Consent Form in word format:		
	☐ English Version	☐ Contact Person(s) (Section J)	
	☐ Arabic Version	☐ Others:	
	☐ Version Number and Date		
	☐ Related Documents:		
	□ Nursing Research Approval (for Nursing research project - <u>jbeer@kfshrc.edu.sa</u> )		
	☐ Collaborative/Clinical Trial / Material transfer Agreement(s) (To discuss with Sponsor Research Section MCD: 40530 – Email: lalsalmi@kfshrc.edu.sa)		
	☐ Ethical Approval Letter		
	☐ A letter of Protocol Approval from university/ supervisor		
	☐ Letter of Invitation to the KFSHRC-J PI to Participate in the study (from research owner institution)		
	☐ Copy of Original Protocol submitted to the University and other related documents e.g. CRF,		
	Consent Formetc.		
	☐ Case Report Form (CRF) / Data Collection Sheet including date & version number (If Applicable)		
	must be validated if translated from another language		
	□ CV of Principal Investigator PI & Co- Principal Investigator		
	☐ GCP Certificates of all Investigators. Please find link: <a href="https://gcp.nidatraining.org/">https://gcp.nidatraining.org/</a>		
	☐ Copy of two (2) major literatures/references articles mentioned in the Literature Review Section		
	<ul><li>☐ Subject Recruitment Advertisements/Information</li><li>☐ Invitation Letter to Participants for Questionnaire, surveys or Interviews (if applicable)</li></ul>		
	☐ Questionnaire, surveys or Interview questionnaire, surveys or Interviews (if Applicable)		
	must be validated if translated from another language		
	☐ Bio-Medical Engineering Department Clearance If a medical device will be you used.		
		cpartificity dicaratice if a frictical acvice will be you used.	
		Department Clearance on the application If a lab technician will be	

Pharmacy Department approval for medication interventions.
Establishment of special Research Clinic to meet the patients (If Applicable)

- For any study that involves sending biological samples, e.g., urine, blood, tissue, etc., outside the Kingdom of Saudi Arabia, you need to complete a form to notify the Saudi National committee of Medical and Bioethics and sign a Material Transfer Agreement before sending out any sample. (bioethics.kacst.edu.sa/intro\_2\_e.aspx)
- For any clinical trial sponsored by other than a Saudi Government Agency, you need to ensure that the sponsor has registered the trial and obtained the approval of SFDA, as required, before commencing the study. (sfda.gov.sa/Ar/home/Topis/regulations)
- For Biostatistician Assistance please contact (Ext. 66218) email- <a href="mailto:j1513915@kfshrc.edu.sa">j1513915@kfshrc.edu.sa</a>
- For Clinical Research Coordinator Assistance or IRB Clinic Services please fill attached form and send through email to (HawazinA@kfshrc.edu.sa)

Office of Research Affairs Research Centre Extension# 63539 / MBC-J04 Thank you.