

نموذج التعاون البحثي الخارجي في كلية الصيدلة-جامعة الملك سعود

External Researcher Application Form

College of Pharmacy-KSU

يرسل الى: pharmvdgsr@ksu.edu.sa

For more information please visit College of Pharmacy website	يمكن الاطلاع على موقع كلية الصيدلة لمزيد من المعلومات
For more information please visit Deanship of Scientific Research website	يمكن الاطلاع على موقع عمادة البحث العلمي لمزيد من المعلومات

This is a joint agreement between external investigator (student, researcher, principal investigator) (party 1) and College of Pharmacy at King Saud University (party 2) that by using the equipment, facilities, services, consultation and staff expertise, party 1 agree to the following policies and procedures:

- Users must be pre-approved prior to the start of their research projects and experimental work.
- Facilities of The College of Pharmacy will be only used for research purpose that has been approved as described in this form.
- Any change in the experimental procedure has to be accepted by all individuals involved in the study.
- The student researcher is under the obligation to work on his/her project under the direct supervision of the Research Supervisor.
- All laboratory users are to strictly comply with all laboratory guidelines and safety policies at King Saud University.
- The costs of reagents, consumables and research materials not available in the facility for this project are to be incurred by the investigators.
- If the experimental procedures require weekend work, permission must be obtained from security department.
- PI is responsible to provide necessary trainings for specific laboratory equipment and facility prior to usage and operation. Damage to any laboratory equipment resulting from misuse by the user may result in the loss of laboratory privileges and charges for the repair costs.
- All data generated from the laboratory services will be accessible to the concerned investigators only. These data will not be presented in any way without consent from the principal investigator.
- The researchers must appropriately acknowledge the support of the College of Pharmacy for the work, as well as facilities on scholarly reports, presentations, posters, papers and all other scientific publications of projects.
- Priority for conducting the research will be for the College of Pharmacy faculty.
- Personnel who will have direct contact with animals are required to read and understand all guidelines, policies and regulations in regard to the use of animals in research and be certified by National Committee of Bio-Ethics (NCBE). For more information, please visit the National Committee of Bio-Ethics (NCBE) website: <http://bioethics.kacst.edu.sa/Home.aspx>

This form must be computer-generated or typed. Submit any additional files attached to protocol. All abbreviations must be spelled out upon first use. If an item is not applicable, please indicate N/A.

إقرار الباحث الخارجي بالإطلاع على الأنظمة المتبعة في جامعة الملك سعود، واللوائح التنفيذية الداخلية الصادرة من عمادة البحث العلمي وكلية الصيدلة بجامعة الملك سعود.

I certify that I (External Investigator) have read and understood the King Saud University Laws, and the Internal Regulations issued by the Deanship of Scientific Research and College of Pharmacy at King Saud University.

External Investigator	Name:	Signature:	Date:
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نموذج التعاون البحثي الخارجي في كلية الصيدلة-جامعة الملك سعود
External Researcher Application Form, College of Pharmacy-KSU

Date: التاريخ / / 20

GENERAL INFORMATION المعلومات العامة

College of Pharmacy-KSU Principal Investigator Information

Principal investigator: الباحث الرئيسي	
Department: القسم	
address: العنوان	
Status: الرتبة	
PI employee ID number: الرقم الوظيفي	
Phone: الهاتف	
Fax: الفاكس	
Phone: الجوال	
Emergency no. for after hours: رقم اتصال خارج أوقات الدوام	
E-mail: البريد الإلكتروني	

External Investigator Information

Investigator: الباحث	
University or Institution: الجامعة / المؤسسة	
College/Department: الكلية/القسم	
address: العنوان	
Status: الرتبة	<input type="checkbox"/> Faculty <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Post-Doctoral <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Student <input type="checkbox"/> Other _____
PI employee ID number: الرقم الوظيفي	
Phone: الهاتف	
Fax: الفاكس	
Phone: الجوال	
Emergency no. for after-hours: رقم اتصال خارج أوقات الدوام	
E-mail: البريد الإلكتروني	

RESEARCH INFORMATION المعلومات البحثية

Project title: عنوان المشروع	English:	
	Arabic:	

Funding Source: مصادر الدعم	<input type="checkbox"/> KSU funding <input type="checkbox"/> Governmental funding within the Kingdom of Saudi Arabia <input type="checkbox"/> Private-sector funding within the Kingdom of Saudi Arabia <input type="checkbox"/> International governmental funding <input type="checkbox"/> International private sector funding <input type="checkbox"/> Undergraduate/postgraduate student funding <input type="checkbox"/> Not funded
Name of the funding agency: اسم الجهة المانحة	
Total budget of the grants (SR): قيمة الدعم بالريال السعودي	
Project Period:	/ /20 to / /20

Co-Investigator(s): الباحثين المشاركين/الطلاب	
Identify all personnel [e.g., co-investigator(s)], providing their names, Department/College, ID, e-mail, and Role]	تحدد معلومات جميع الباحثين، (الاسم، الرقم الوظيفي، الإدارة، البريد الإلكتروني، المهمة في المشروع)

	Name	Employee or student ID #	Email	Department, College University/Institution	Role in Project
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Personnel requirements: [Form may not be approved without acknowledging the following statements]

<p>The following requirements must be met prior to the involvement of any individual in The College of Pharmacy laboratories:</p> <ul style="list-style-type: none"> Institutional Review Board (IRB), Institutional Animal Care Used Committee (IACUC) or other Pertinent Research Approvals. For more information please visit Scientific Research Ethics Committee website at https://dsrs.ksu.edu.sa/ar/aboutcomm All individuals handling the animals must be experienced with the species and are fully trained in the procedures they are required to perform. All individuals handling the animals are vaccinated Ethical or Research Ethics Committee (REC) may request additional proof of training for species-handling or specific procedures. CVs for Principal Investigator, Co-Investigator, Consultants, and Research Team (Limited to 3 pages maximum for each CV) <p><input type="checkbox"/> By checking this item, I understand it is the PI's responsibility to ensure all employees have met the above requirements.</p>	<p>يجب توفير المتطلبات التالية قبل اجراء التجارب في كلية الصيدلة جامعة الملك سعود:</p> <ul style="list-style-type: none"> يجب توفير الموافقات اللازمة من لجان أخلاقيات البحث العلمي قبل اجراء (IRB/IACUC) الابحاث. لمزيد من المعلومات يرجى زيارة موقع اللجنة الدائمة لأخلاقيات البحث العلمي. https://dsrs.ksu.edu.sa/ar/aboutcomm يجب أن يكون جميع الأفراد الذين يتعاملون مع الحيوانات ذو خبرة كافية ومدربين على التعامل مع حيوانات التجارب بطرق أخلاقية. جميع العاملين مع الحيوانات حاصلين على التطعيمات اللازمة. يجوز للجنة أخلاقيات البحث العلمي على الحيوان (REC) أن تطلب أي إثبات إضافي على التدريب من المتقدمين أو الزامهم بإجراء تدريبات إضافية. توفير السيرة الذاتية بما لا يتجاوز 3 صفحات للعاملين في المشروع <p><input type="checkbox"/> اقرار الباحث الرئيسي بضمان استيفاء جميع المتقدمين بالطلب للمتطلبات المذكورة أعلاه.</p>
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Collaborating institutions/facilities: التعاون البحثي مع المؤسسات

<p>Will the research be conducted only at KSU with no involvement of a collaborating institution? هل سيتم اجراء الأبحاث فقط في جامعه الملك سعود؟ If No, complete the table below</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>Provide the name of each institution/facility and describe the type of involvement of each institution (e.g. recruitment, enrollment, consenting, study procedures, follow-up, and data analysis). Indicate if REC approval/site permission is attached</p>	<p>يجب تقديم اسم كل مؤسسة/مرفق ووصف نوع المشاركة لكل مؤسسة (مثل التوظيف، والتسجيل، والموافقة، وإجراءات الدراسة، والمتابعة، وتحليل البيانات). إرفاق موافقة لجنة أخلاقيات البحث إن وجدت</p>	
Institution Name	Describe Involvement	Ethical Approval/Site Permission Attached?

International Research:				
Will any aspect of the study take place outside the Kingdom of Saudi Arabia? (If yes, complete the table below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country	Address	Name of Collaborating Institution/Facility	Describe Involvement	REC/Ethics Approval and/or Site Permission Attached?

STUDY OBJECTIVES AND SIGNIFICANCE: أهداف الدراسة وأهميتها

Provide a brief description of the project. Include aims of the study, the data collection methods, and the procedures to be used to carry out the research.

شرح مختصر لأهداف وأهمية الدراسة

PRINCIPAL INVESTIGATOR CERTIFICATIONS: إقرارات الباحث الرئيسي

<p>1. I certify that I have attended the institutionally required investigator training course.</p> <p>For more information please visit Deanship of Scientific Research-Training website or Collaborative Institutional Training Initiative (CITI) Program website</p>	<p>1. أقرّ بأنني قد حضرت دورة تدريب الباحثين المطلوبة.</p> <p>For more information please visit Deanship of Scientific Research-Training website or Collaborative Institutional Training Initiative (CITI) Program website</p>
<p>2. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.</p>	<p>2. أقرّ بأنني قد تحققت من أن البحث المقترح هنا ليس تكرارًا غير ضرورياً لأبحاث نشرت سابقاً.</p>
<p>3. I certify that all individuals working on this proposal who are at risk are participating in the institution's Occupational Health and Safety Program.</p>	<p>3. أقرّ بأن جميع الأفراد الذين يعملون في هذا المشروع المقترح والمعرضين للخطر مشتركون في برنامج والسلامة المهنية.</p>
<p>4. I certify that the individuals listed in Form are authorized to conduct procedures under this study, have attended the institutionally required investigator training course.</p>	<p>4. أقرّ بأن الأفراد المذكورين في هذا النموذج مخولون بتنفيذ الإجراءات التي تتعلق بهذا المشروع؛ وقد حضروا الدورات التدريبية اللازمة، كما أقرّ بالإبلاغ عن أي أحداث غير متوقعة.</p>
<p>5. I certify that I will obtain approval from the REC committee before starting the study or initiating any significant changes in this study.</p>	<p>5. أقرّ بالحصول على موافقه لجنة أخلاقيات البحث قبل الشروع بإجراء الدراسة أو إجراء أي تغييرات هامة في هذه الدراسة.</p>
<p>6. I certify that I will notify the REC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the REC.</p>	<p>6. أقرّ بإخطار لجنة الأخلاقيات REC بشأن أي نتائج غير متوقعة في الدراسة التي تؤثر على الحيوانات. سيتم إبلاغ الطبيب البيطري الحاضر ولجنة الأخلاقيات بأي ألم أو اعتلال أو وفاه غير متوقعه.</p>
<p>7. I certify that I am familiar with and will comply with KSU and all pertinent institutional, and Kingdom of Saudi Arabia rules and policies.</p>	<p>7. أقرّ بمراجعة جميع القواعد وسياسات جامعة الملك سعود والمؤسسات ذات الصلة في المملكة العربية السعودية وسأمتثل لها.</p>

Conflict of interest disclosure

The KSU policy requires that members of the faculty conducting research at King Saud University must disclose known significant financial interests that would reasonably appear to be affected by the research project and that if the interest is deemed to constitute a conflict of interest with the proposed research, the conflict has to be managed prior to the faculty member's engaged in the research.

PI has nothing to declare now and will immediately declare in writing to the College of Pharmacy-KSU of any future conflicts of interest

Attach the following documents: IACUC/IRB approval letter from KSU/home institution and External Investigator(s) CV(s)

External Investigator	Name:	Signature:	Date:
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Principal Investigator	Name:	Signature:	Date:
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AGREEMENTS: For College of Pharmacy official use only للاستخدام الرسمي من جهة كلية الصيدلة

Safety Committee Certification of Review and Concurrence: *[Required of all studies that use hazardous agents.]*

Name: _____ Signature: _____ Date: _____

Facility Management certification of resource capability to support the proposed study:

Facility: _____ Name: _____ Signature: _____ Date: _____

Facility: _____ Name: _____ Signature: _____ Date: _____

Comments: _____

[additional concurrences that are needed e.g., Research Permissions Committee, radiations safety, etc.]

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

FINAL APPROVAL

Vice-Dean for Graduate Studies and Scientific Research:

Name: _____ Signature: _____ Date: _____

Dean College of Pharmacy:

Name: _____ Signature: _____ Date: _____

Comments: _____

