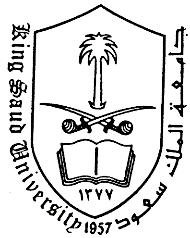
**College of Medicine**

**King Saud University**

***Institutional Review Board (IRB)***

**Checklists for Submission of a Research Protocol for Review**

**Research Project Title:**

**Primary Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL PROTOCOL REVIEW CHECKLIST**

* The submitted proposal should be detailed as per IRB requirements.
* All co-investigators should sign the proposal (investigator's page) and make sure that their names and titles are correct.
* Informed Consent Form (in accordance with the enclosed Sample Consent Form).
* Signed and dated IRB Declaration of Conflict of Interest (enclosed)
* Signed and dated IRB Certificate of Confidentiality
* Signed and dated CV of Principal Investigator (PI) in IRB CV Template
* For retrospective studies, *or* department other than the Investigator, approval from the involved Unit. (Approval by the chairman of the department).
* Provide a brief description of the role of each investigator.
* Data Sheet/Questionnaire/Study tools developed by Investigator. If from other author, copyrights/permission to use *or* confirm ‘open access for research & academic purpose).
* For Master student project: Letter from supervisor/institute as evidence of project
* Certificate of Bio-Ethics of each study member *completed free online* through National Committee (NCBE) at King Abdulaziz City of Science & Technology (KACST)
* IRB review fee (applicable as per memo of the Central Committee of the university.
* Sign this check list.

**For Multicenter Studies**

* Approved version of the Informed Consent Form (please contact the Sponsor for the approved version)
* Data sharing agreement
* Approval from other sites’ Ethics Committees/IRB, or administration

---------------------------------------------------------------------------------------------------Investigator Signature Date

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Printed name of Investigator