**APPLICATION FOR THE APPROVAL TO CONDUCT RESEARCH AT INSTITUTE FOR REASERACH AND MEDICAL CONSULTATION (IRMC)**

|  |
| --- |
|  RESEARCHER DETAILS |
| Name |  |
|  Affiliation | □University Of Dammam (UOD) □Non UOD specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department |  |
| College/Institute |  |
| .ntact NOoC  |  |
| mail-E  |  |
| PROJECT DETAILS |
| Proposed/ Approved | □ Proposed □ Approved  |
| Co-Investigator from IRMC |  |
| Contact NO. |  |
| mail-E  |  |
| Funding Agency | □UOD-DSR□KAUST□Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total budget  |  |
| IRB approval No. | □ Non Applicable |
| Project Title |  |
| Start date  |  |
| Duration  |  |
| Facilities Intended |  :Lab name□: □ Animal facility : therO□  |

**I hereby agree to**

1. Abide to the rules and regulations of IRMC
2. Acknowledge IRMC in future outcomes of the project
3. Provide authorship to the person(s) involved from IRMC towards carrying out of the project

Researcher Name: Lab director Name:

 Signature Signature Date:

 Place: Serial #--------------------

**Acting Dean of IRMC**