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| **APPLICATION FOR THE APPROVAL TO CONDUCT RESEARCH AT INSTITUTE FOR REASERACH AND MEDICAL CONSULTATION (IRMC)** |
| **VISITOR DETAILS** |
| Name |  |
| Affiliation | □ Imam Abdulrahman Bin Faisal University □ Non IAU specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department |  |
| College/Institute |  |
| Contact NO.  |  |
| E- MAIL  |  |
| Purpose of the Visit |  |
| **PROJECT DETAILS** |
| Proposed/ Approved | □ Proposed □ Approved  |
| Project Title |  |
| IRB Approval No. | □ Non |
| Funding Agency | □ IAU-DSR Project #: □ KACST Project #:□ Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total budget  |  |
| **IRMC RESEARCHER DETAILS** |
| Co-Investigator from IRMC |  |
| Contact NO. |  |
| Researcher e-mail  |  |
| Visiting date  |  |
| Duration  |  |
| Facilities Intended | Lab name □Animal facility: □Other:  |
| Lab director Signature  | Date: |

**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

Visitor Name: Serial #--------------------

 Signature

 **Director**

Cc: purchases Unit

Cc: Security

Cc: Reception