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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VISITOR DETAILS** | | | | |
| Name (English): | | | | |
| * Imam Abdulrahman bin Faisal University (IAU) * Non IAU. Specify \_\_\_\_\_\_\_\_ | | Affiliation: | | |
| Department: | | | | |
| College / Institute: | | | | |
| Contact No.: | | | | |
| E-Mail: | | | | |
| Purpose of the Visit: | | | | |
| **PROJECT DETAILS** | | | | |
| * Approved | * Proposed | | Proposed/ Approved | |
| Project Title: | | | | |
| IRB approval No.: | | | | |
| * IAU-DSR Project: * KACST Project: * Other Specify: | | | | Funding Agency |
| Total Budget: | | | | |
| **IRMC RESEARCHER DETAILS** | | | | |
| Co-Investigator from IRMC: | | | | |
| Contact No.: | | | | |
| Researcher E-mail: | | | | |
| Visiting Date: | | | | |
| Duration: | | | | |
| * Lab-Name * Animal facility * Other | | | | Facilities Intended: |
| Date: | | | | Lab director Signature |

**I hereby agree to:**

1. Abide to the rules and regulations of IRMC
2. Acknowledge IRMC in future outcomes of the project
3. Based on the IAU Scientific integrity regulation [http://www.uod.edu.sa/en/research/scientific-integrity](https://mail.uod.edu.sa/owa/redir.aspx?SURL=4DHn50tsEVoSkrQUGPF4x-8ygLqex0KqBQhKQIu2dwFAdk3X0pLUCGgAdAB0AHAAOgAvAC8AdwB3AHcALgB1AG8AZAAuAGUAZAB1AC4AcwBhAC8AZQBuAC8AcgBlAHMAZQBhAHIAYwBoAC8AcwBjAGkAZQBuAHQAaQBmAGkAYwAtAGkAbgB0AGUAZwByAGkAdAB5AA..&URL=http%3a%2f%2fwww.uod.edu.sa%2fen%2fresearch%2fscientific-integrity)), please provide authorship right to the researcher/s, if She/he/they according to their contribution in the projects. Such as intellectually /provided you consultation/ research contribution as it mentioned in Scientific integrity regulation.

Researcher Name:

Signature

Serial:

Cc: purchases Unit

Cc: Security

Cc: Reception

**Dean of IRMC**

Prof. Ebtesam A. Al-Suhaimi