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

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| **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