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| --- | --- |
| **Research collaboration Application** | |
| **Researcher details** | |
| Name |  |
| Affiliation | □ Imam Abdulrahman Bin Faisal University  □ Non IAU specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department |  |
| College/Institute |  |
| Contact NO. |  |
| E- MAIL |  |
| Rank | □ Faculty □ Student |
| **PROJECT DETAILS** | |
| Proposed/ Approved | □ Proposed □ Approved |
| Project Title |  |
| IRB Approval No. | □ Non □ No: ………………………… |
| Type of collaboration that you would like to have? | □ Teaming agreement and sharing knowledge.  □ Consultation  □ Using instrument:  Name of instrument: ………………  Number of samples: ……………….  □ Training:  □ Other: |
| Duration of collaboration: |  |
| Collaboration information : | Is the research project  □ Granted Funding agency …………………………  □ IAU-DSR Project #:  □ KACST Project #:  □ Other specify \_\_\_\_\_\_\_\_\_\_  □ Not granted  Please specify how the potential collaborators will be  rewarded? |
| **IRMC RESEARCHER DETAILS** | |
| Co-Investigator from IRMC |  |
| Researcher e-mail |  |
| Visiting date |  |
| Duration |  |
| Facilities Intended | □ Lab Name □ Other: |
| Lab Director Signature | Date: |

**I hereby agree to**

1. Abide to the rules and regulations of IRMC.
2. Provide authorship to the person(s) involved from IRMC towards carrying out of the project.
3. Acknowledge IRMC facilities in future outcomes of the project.
4. The collaboration doesn’t cover the material and chemicals.
5. The visiting should be in the working days and hours.

Applicants name and signature: Date:

IRMC approval: □Accepted □ Not accepted