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| **RESEARCHER’S REQUEST FORM FOR SAMPLES FROM THE BIOBANK** |
| IRMC Sample Identification Number:  |
| PI’s Name & ID:  |
| Department: |
| Affiliation: |
| Research Specialization: |
| Email: |
| Project Title: |
| Protocol Title: |
| IRB Approval Number : IRB Approval Letter attached: Yes   |
| Funding Source :  |
| Project Duration: Start Date: End Date: |
| Sample Collection Consent Form attached: □ Yes   |
| Scheduled Procedure Date: |
| Requested Number of Samples: |
|  |
|  **TYPE OF SAMPLE OR SPECIMEN**  |  **TYPE OF TEST/ANALYSIS (OPTIONAL)** |
| □ Amniotic Fluid□ Cord Blood□ Chronic Villus Sample□ Skin□ Tissue □ Urine/Stool□ Saliva/ Hair/ Nail□ Peripheral BloodOther (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Molecular Genetic Study □ Infectious disease (Bacterial Test /Viral Test ,Parasites )□ Inflammatory Disease test (Serology Test )□ Biochemical Assay□ Radio immune Assay□ Scanning Electron Microscope (SEM) /Transmission Electron Microscope □ □Histopathology/cytology/hematology/Immunohistochemistry□ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please specify required Test:**  |
| **Reasons For Requesting samples from IRMC Biobank :** |
|  **Reasons For Sample analysis at IRMC (Optional) :** |
| Dear IRMC,I am requesting for the above mentioned samples from the IRMC Biobank. All the samples will be used for Research purposes based on the National committee of Bioethics (NCBE)& Standing Committee for Research Ethics on Living Creatures(SCRELC) bioethics policy and procedures.  |
| **Name and signature of Researcher:****Date:** |
| **IRMC Office Use** |
| IRMC File No. |
| Reason for rejecting Sample application: Date Rejected:Date PI notified:Person notifying the PI: |
| Liaison Office Director’s Name:Signature with date: |
| Biobank Office Director’s Name: Signature with date: |
| Head of the Department’s Name Optional:(Sample Analyzing department)Signature with date: |
| Analyzing Researcher’s Name: Date: |
| Dean of IRMC Signature with date: |

*Note: All* ***sample analysis****,* ***biobank storage and Biobank services have to be based on the*** *NCBE and SCRELC guidelines.*

*All parties involved should maintain confidentiality/privacy of the patient.*

*All parties should be aware of and follow NCBE and SCRELC guidelines.*

*If the sample is used for research purposes, the patient should have completed the consent form.*

*For more information*

[*http://www.kacst.edu.sa/eng/Maarifah/Policies/Documents/Research%20Bioethics%20Regulations.pdf*](http://www.kacst.edu.sa/eng/Maarifah/Policies/Documents/Research%20Bioethics%20Regulations.pdf)

[*https://www.uod.edu.sa/sites/default/files/resources/implementing\_regulations\_0.pdf*](https://www.uod.edu.sa/sites/default/files/resources/implementing_regulations_0.pdf)