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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 Blood  Other (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)