



**KING KHALID UNIVERSITY  
COLLEGE OF DENTISTRY  
SCIENTIFIC RESEARCH COMMITTEE**



**OFFICIAL USE ONLY**

REGISTRATION NUMBER: SRC/ETH/20 /

REGISTRATION DATE:

**APPLICATION FOR ETHICAL CLEARANCE: (NOT CLINICAL TRIALS)**

Research Title	
Research type	
Staff research: <input type="checkbox"/>	Internship research: <input type="checkbox"/>
Student research: <input type="checkbox"/>	Funded research: <input type="checkbox"/>

Principal Investigator:	
Name:	
Position :	
Tel no:	
Email:	
Co-Investigators	
1.	
2.	
3.	
4.	

Research Details	
Research site:	
Multi-site study: Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Proposed start date:	
Anticipated study duration:	
Participant detail:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Total: <input type="checkbox"/>
Age range(years): From <input type="checkbox"/>	To <input type="checkbox"/>
Method of participant selection:	
Are there any perceived potential risks for participants/ researchers? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If Yes Explain:	

Participant Check List		
Will informed consent be obtained? ( attach the copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will questionnaire be used? (attach the copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship between investigator and participant:		
Does the research include procedures on Under-age subjects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the study involve Vulnerable groups? (Mentally/physically challenged...)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any financial /other inducement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any participants or research related work from outside KSA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Data collection	
Form of data collection;	
Identified: <input type="checkbox"/>	Potentially identifiable: <input type="checkbox"/>
De-identified: <input type="checkbox"/>	
Data storage:	
Identified: <input type="checkbox"/>	Potentially identifiable: <input type="checkbox"/>
De-identified: <input type="checkbox"/>	
Is collected data secured? Yes : <input type="checkbox"/> No: <input type="checkbox"/>	
Are the participants identifiable in publication /output ? : Yes : <input type="checkbox"/> No: <input type="checkbox"/>	

Undertaking	
In case there will be any changes in the procedures for obtaining the subjects, or if there will be some physical or emotional harm to the subjects, I shall report these to the SRC-COD.	
Sign of Principal Investigator (For all Investigators)	
Action of SRC-COD	
Signature of Chairperson-SRC-COD	

1. Mandatory for all investigations involving human participants.
2. Please submit additional documents if required /asked to confirm the ethical practice in research activity and data handling.