



**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.