**Research Proposal Application Form (Experimental Animal Study)**

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| **Research Type** | Staff  Staff & Students |
| **Title of proposal study**  (English) |  |
| **Title of proposal study**  (Arabic) |  |
| **Principle investigator** | Name:  Affiliation:  Official E-mail: Mobile: |
| **Other Contributors ( Co-Authors)** |  |
| **FOR PROPOSALS THAT COMBINE STUDENTS AND STAFF, THE MAIN STAFF IVESTIGATOR IS RESPONSIBLE FOR FILLING THE FORM.** | |
| **Study design** | **Analytical:**  **Analytical Observational:** ☐ Prospective Cohort ☐ Case control ☐ Cross-sectional ☐ Other ……………….  **Analytical Experimental:** ☐Lab experiments ☐Animal Experiments ☐ Other …………… |
| **Background**  **(250 words)** |  |
| **Hypothesis if (any)** |  |
| **Aim(s) of the work**  General aim/Specific objectives |  |
| **Study Duration** | From: To: |
| **Study Location** | Lab address:  Phone:  Email if (applicable): |
| **Experimental Method** *(describe in detail step by step the experimental method)* |  |
| **Experimental Design** | **Total number of animals used throughout the whole study (including the preliminary experimental):**  **Number of groups:**  **Number of animals per group:**  **Species:**  **Strain:**  **Age and weight:**  **Gender:** |
| **Justification for animal use** *(Explain why animals are necessary and why alternatives are not feasible)* |  |
| **Animal housing and care** | **Type of housing** (cages, bedding, etc..)  **Housing condition** (temperature, light/ dark cycle, etc..):  **Feeding and watering:**  **Acclimatization period before the experiment:** |
| **Study Procedures** *(Describe in detail all procedures performed during the study [ dosing, surgery, blood sampling, etc..])* |  |
| **Pain and distress management** | **Will animal experience pain or distress?** ☐ Yes / ☐ No  ( if yes explain how you will manage the pain or the distress):  **Analgesia/ Anesthesia protocol:** |
| **Use of any medications or products during study?** | |  |  |  | | --- | --- | --- | | **Name** | **Dose** | **Why?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Euthanasia Method** *(Describe Method and justification following AVMA)* | State the method (e.g., CO₂ chamber, overdose of anesthetic, etc..) |
| **Human Endpoints** (*Define signs of pain/ distress and criteria for early euthanasia to avoid unnecessary suffering)* |  |
| **Disposal of experimental animals** |  |
| **Data collection and Analysis** *(Mention the parameters that will be collected and statistical analysis)* |  |
| **Financial support** | ☐None ☐Yes (Please indicate) |
| **Expected conclusion/outcome** |  |
| **Consent that should be known by the investigators and covered through their signatures**   * Any follow up such as ongoing monitoring of possible side effects. * Only names who contributed in the study and were listed on this proposal will be included no additional names are allowed after IRB approval certificate is issued. * Any changes in the project must be approved by IRB prior to implementation. | |
| **Study timetable** | Suggested timetable if apply:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Stage/months | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | Preparation of the protocol |  |  |  |  |  |  |  |  |  |  |  |  | | Literature review |  |  |  |  |  |  |  |  |  |  |  |  | | Field work |  |  |  |  |  |  |  |  |  |  |  |  | | Data entry and analysis |  |  |  |  |  |  |  |  |  |  |  |  | | Discussion |  |  |  |  |  |  |  |  |  |  |  |  | | Manuscript writing up |  |  |  |  |  |  |  |  |  |  |  |  | |
| **References** | The preferred style is Vancouver using Software such as EndNote. |
| **Appendix** | In case of clinical research, the following are example of required appendices:   1. Data collection Sheet. 2. Questionnaires (if applicable) 3. Consent form ((if applicable)) 4. Other relevant forms |

**Principal investigator:**

Name: ………………………………………

Signature: ………………………………………. Date: ………………………

**استمارة إقرار بأصالة بحث – نموذج رقم (١)**

**Research Authenticity and Novelty Form - Form No. (1)**

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**الموضوع: إقرار بأصالة بحث**

نحن الموقعون أدناه ، نقر بصحة المعلومات المقدمة أعلاه من حيث أصالة البحث المقدم ونحن مسؤولون أمام كافة الجهات الرسمية في حالة ثبوت خلاف ذلك وأن لجنة المراجعة المؤسسية للبحث العلمي بكلية الطب –

جامعه الباحة غير مسؤولة ولا تتحمل أدنى مسؤولية إن ثبت عكس ذلك.

We, the undersigned, acknowledge the authenticity of the above-mentioned research and we are responsible to all official parties in case of proven otherwise. The institutional review board at the Faculty of Medicine – Al-Baha University are not responsible for any consequences if proved otherwise.

**Principal investigator**  الباحث الرئيسي

Name: الاسم:

Signature: التوقيع:

**استمارة انتفاء تضارب المصالح في بحث – نموذج رقم (٢)**

**Eliminating Conflicts of Interest in Research Form - Form No. (2)**

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الموضوع: إقرار إزالة تضارب المصالح

نقر نحن الموقعون أدناه ، بعدم وجود أي تضارب مصلحة في مقترح البحث المقدم أعلاه علي ان لا يلحق الكلية او الجامعة أي ضرر، وإننا مسؤولون مسئولية كاملة أمام الكلية والجامعة و كافة الجهات المعنية في حالة ثبوت خلاف ذلك و للجنة المراجعة المؤسسية للبحث العلمي بكلية الطب -جامعه الباحة الحق في اتخاذ الإجراءات اللازمة نظاماً في حالة وجد غير ذلك.

We, the undersigned, acknowledge that there is no conflict of interest in the research proposal submitted above, provided that it does not cause any harm to the college or university, and that we are fully responsible in front of all concerned authorities in the event of proven otherwise, and the institutional review board at the Faculty of Medicine - Al-Baha University has the right to take the necessary actions according to the law, in the event that it is found otherwise.

**Authors**

|  |  |  |  |  |
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| Signature | Mobile | Position /Affiliation | Name |  |
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**٢.المرفقات:**

1. نموذج المقترح البحثي وفقا لنماذج اللجنة.
2. استمارة إقرار بأصالة البحث.
3. استمارة إقرار انتفاء تضارب المصالح.
4. أخرى: ملف جمع البيانات

ملاحظة: ارسال جميع المرفقات المطلوبة في ايميل واحد ( عنوان الايميل يكون عنوان البحث باللغة الإنجليزية) الى ايميل اللجنة: irb.fm@bu.edu.sa

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**٣. للاستخدام الرسمي: توصية اللجنة:**

1. موافقة من غير تعديل مع التوصية بإصدار الموافقة [ ]
2. موافقة مشروطة مع التوصية بإصدار الموافقة بعد اكمال اللازم مع تحديد فترة زمنية وفي حالة تخطيها يتم التقديم من جديد [ ]
3. رفض قبول البحث مع الاعتذار وذكر الأسباب للاستفادة منها مستقبلا [ ]