

اللجنة الفرعية لآخلاقيات البحوث الصحية بجامعة القصيم
QU Health Research Ethics Committee

استمارة طلب موافقة لجنة الاخلاقيات
Ethics Committee Approval Form

A. TO BE FILLED IN BY THE APPLICANT

Title of the research

Name of the PIAffiliation / Address of the PI ...

Name(s) of the Co-I(s)

Name of the Supervisor if the PI is an Undergraduate OR Postgraduate Student:

Affiliation / Address of the Supervisor if the PI is an Undergraduate OR Postgraduate Student:

Summary of the research proposal (Give a brief Summary with the following subheadings)

Background:

Objectives:

Methodology:

Tick appropriate:

This project is funded []; please give name of funding body and Project Number:

This project is NOT funded []

Signature of the Applicant:

Signature of the Supervisor if the applicant is UG or PG Student:

PLEASE ATTACH:

1. A COPY OF THE ENTIRE RESEARCH PROPOSAL WITH DETAILED METHODOLOGY
2. A COPY OF A FILLED-IN CONSENT FORM IF THE RESEARCH INVOLVES HUMAN SUBJECTS

B. FOR OFFICIAL USE

APPROVED by QU Health Research Ethics Committee on its Meeting NoOn

Chairman Committee:

Signature..... Date