



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
معهد الأبحاث والاستشارات الطبية
Institute for Research and Medical Consultations

APPLICATION FOR THE APPROVAL TO CONDUCT RESEARCH AT INSTITUTE FOR REASERACH AND MEDICAL CONSULTATION (IRMC)	
VISITOR DETAILS	
Name	
Affiliation	<input type="checkbox"/> Imam Abdulrahman Bin Faisal University <input type="checkbox"/> Non IAU specify _____
Department	
College/Institute	
Contact NO.	
E- MAIL	
Purpose of the Visit	
PROJECT DETAILS	
Proposed/ Approved	<input type="checkbox"/> Proposed <input type="checkbox"/> Approved
Project Title	
IRB Approval No.	<input type="checkbox"/> Non
Funding Agency	<input type="checkbox"/> IAU-DSR Project #: <input type="checkbox"/> KACST Project #: <input type="checkbox"/> Other specify _____
Total budget	
IRMC RESEARCHER DETAILS	
Co-Investigator from IRMC	
Contact NO.	
Researcher e-mail	
Visiting date	
Duration	

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Facilities Intended	Lab name <input type="checkbox"/> Animal facility: <input type="checkbox"/> Other:
Lab director Signature	Date:

I hereby agree to

1. Abide to the rules and regulations of IRMC
2. Acknowledge IRMC in future outcomes of the project
3. Provide authorship to the person(s) involved from IRMC towards carrying out of the project

Visitor Name:

Serial #-----

Signature

Director

Cc: purchases Unit

Cc: Security

Cc: Reception

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