



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

## Research collaboration Application

Researcher details	
Name	
Affiliation	<input type="checkbox"/> Imam Abdulrahman Bin Faisal University <input type="checkbox"/> Non IAU specify _____
Department	
College/Institute	
Contact NO.	
E- MAIL	
Rank	<input type="checkbox"/> Faculty <input type="checkbox"/> Student
PROJECT DETAILS	
Proposed/ Approved	<input type="checkbox"/> Proposed <input type="checkbox"/> Approved
Project Title	
IRB Approval No.	<input type="checkbox"/> Non <input type="checkbox"/> No: .....
Type of collaboration that you would like to have?	<input type="checkbox"/> Teaming agreement and sharing knowledge. <input type="checkbox"/> Consultation <input type="checkbox"/> Using instrument: Name of instrument: ..... Number of samples: ..... <input type="checkbox"/> Training: <input type="checkbox"/> Other:
Duration of collaboration:	

To get the application (IRMC.03) in word  
scan the following barcode:





Collaboration information :	Is the research project <input type="checkbox"/> Granted Funding agency ..... <input type="checkbox"/> IAU-DSR Project #: <input type="checkbox"/> KACST Project #: <input type="checkbox"/> Other specify _____ <input type="checkbox"/> Not granted Please specify how the potential collaborators will be rewarded? <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>IRMC RESEARCHER DETAILS</b>	
Co-Investigator from IRMC	
Researcher e-mail	
Visiting date	
Duration	
Facilities Intended	<input type="checkbox"/> Lab Name <input type="checkbox"/> Other:
Lab Director Signature	Date:

**I hereby agree to**

1. Abide to the rules and regulations of IRMC.
2. Provide authorship to the person(s) involved from IRMC towards carrying out of the project.
3. Acknowledge IRMC facilities in future outcomes of the project.
4. The collaboration doesn't cover the material and chemicals.
5. The visiting should be in the working days and hours.

Applicants name and signature:	Date:
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IRMC approval:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not accepted
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