



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

Research Collaboration Application Form

Applicant Information	
Name:	Scientific Degree:
Affiliation:	Specific Major:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Academic Rank:
University ID Number:	College: Department:
Mobile Number:	Nationality:
E-Mail:	National ID or Iqama No.:
Project Information	
Project Title (please attach a proposal and CV):	
<input type="checkbox"/> Funded project <input type="checkbox"/> Non-funded	
IRB Number (please attach a copy of IRB approval):	
Start Date:	End Date:
Type of Collaboration	
<input type="checkbox"/> Research collaboration	
<input type="checkbox"/> Consultation	
<input type="checkbox"/> Using instrument: Name of instrument: Number of samples:	
<input type="checkbox"/> Training:	
<input type="checkbox"/> Other:	

Scan the following barcode to
get the form in word format





IRMC Researcher Details

Name:

E-mail:

Department/Facility:

I hereby agree to:

1. Abide by IRMC rules and regulations.
2. Provide authorship to IRMC co-researcher(s) (if any), who were involved towards carrying out the project as dictated by the authorship guidelines of scientific research.
3. Acknowledge IRMC facilities in future outcomes of the project.
4. Provide the required materials for my project (e.g., chemicals and consumables).
5. Conduct research experiments (or any IRMC visits) within the official working hours.

Applicant Name	Signature	Date
IRMC Department Chairperson Name	Signature	Date
IRMC Dean Approval	Signature	Date

Scan the following barcode to
get the form in word format

