

|  |  |
| --- | --- |
| **Project Title:**  |  |
| **Principal Investigator Name:** |  | **PI Specialty:** |  |
| Department / College  |  |
| Destination of shipping : |  |
| Address to be shipped to: |  |
| The purpose for sending the biological samples abroad:“Please check the appropriate response” | □ Diagnostic | □ Research (□ Clinical □ Non clinical)  |
| SFDA Approval number for clinical research: …………………… |
| Type of the samples to be sent: | □ Blood □ Tissue □ Saliva □ Urine □ Other (Specify) ………………………… |
| Number of samples to be sent: )Number of samples’ tubes( |  |
| Volume of sample in each tube:  |  |
| Border port (Airport/shipping port): |  |
| Shipping company (Courier): |  |
| Shipping company contact information (Address and telephone number): |  |
| ***Please respond to the following points:*** |
|  | **Yes** | **No** | **Comment** |
| Did you review the regulations of sending biological samples abroad set forth by the “Implementing Regulations of the Law of Ethics of Research on Living Creatures”? | □ | □ |  |
| Can this Research/Biological Sample Analysis be done inside the Kingdom of Saudi Arabia? | □ | □ |  |
| If your response is “Yes” to the last question, what is the justification for sending the biological samples to be analyzed abroad? |  |

I, the Principal Investigator (the specialist or the person in charge) consent to the accuracy of the information above and pledge to provide the Institutional Review Board of King Saud University with any potential changes when they occur and prior to implementing them.

PI name:……………………………………………………………… Signature: ………………………………….. Date: ………….…….. H …………………G

|  |
| --- |
| **For Use by the Local Committee of Ethics of Research on Living Creatures, Institutional Review Board of King Saud University (KSU-IRB) only:** |
| The accuracy of the above information and its accordance with the Law of Ethics of Research has been confirmed. |
|  □ Rejected | □ Approved\* | **Approval of the local Institutional Review Board:** |
| **Date: ……………H,………………..G** |  | **Session Number:** |
| **Comments:** |
| **Date: …………H,………………..G** | **Signature:** | **Committee Chairman name:** |

***\*The National Committee has to be notified with any approval from the Local Committee through the following contact means:***

**Fax: 0114813860 Email: bioethics@kacst.edu.sa**

*For more information, please visit the website of Research Ethics Committee in King Saud University (*http://dsrs.ksu.edu.sa/ar/comm\_Policies*)*