#### CHECKLIST CRITERIA: BIOBANKING STUDIES

#### Form # KSU-IRB/SC-HS-07

### King Saud University

### Riyadh, Kingdom of Saudi Arabia

For REC use only:

Full Board [ ]

Proposal No.

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| The purpose of this checklist is to provide investigators with a summary of the recommendations included in the biobank policy in compliance with best practice guidelines. Kindly complete and enclose this checklist along with the study protocol and other essential documents.  **Governance of Biobank**   * If this research study involves an existing biobank, do you have an agreement/permission to use/access data? Please provide. * Signed/dated Conflict of Interest Form. * If this research study involves establishing a new biobank, do you have standard operational procedure in place on all the biobank contents, including regulating samples, data and equipment? (If yes, please provide SOP or Certification of Approvalof the new biobank from authorized representative. * Do you have a quality management/system in place where staff personnel completed their trainings? (e.g. Mayo Clinic Laboratories, ICH-GCP) If yes, please submit proof copy ofCertificates.   **Participant Consent**   * Include a biobank Informed Consent Form (in accordance with the enclosed sample consent Form# KSU-REC 005G-E and KSU-REC 005G-A). * A cover letter including justification for waiving the consent (if applicable) and stating compliance with the IRB biobank policy signed by the investigator.   **Biobank Study protocol**   * The submitted proposal must fulfil the IRB requirements for biobank studies (please see Form # KSU-REC 002-E, Section IV. 2 page 3 of 25 and Subsection A, page 4 of 25). * All co-investigators signed the proposal (investigator's page) their names and titles are correct. * Provide a brief description of the role of each investigator. * Endorsement from Department of the principal investigator (please provide a copy of the minutes ofdepartmental board meeting) * All investigators are aware of KSU-IRB biobank policy/procedure. * Kindly sign this checklist.   ----------------------------------------------------------------  Principal Investigator’s Name, Signature & Date |