



ZU- IRB #: نموذج ٢

طلب مراجعة بروتوكول بحثي

APPLICATION FORM FOR ZU- IRB REVIEW

IRB#: -----

Principal Investigator (PI): - -----

Title of Protocol : -----

Significance and goal of the study: -----

Please list ALL research personnel, other than the PI, involved in the conduct of this study.

No.	Name	Title	Department	Signature
1.	-			
2.				
3.				

PRINCIPAL INVESTIGATOR CERTIFICATION

I understand that I am responsible for the accuracy of the statements made in this protocol and for the conduct of the research.

I also certify that I have the appropriate credentials and privileges to conduct this research.

Principal Investigator Signature

Date:-----

Co-Investigator Signature

Date:-----

Co-Investigator Signature:

Date:-----

Co-Investigator Signature:

Date:-----