**Application Form for Plant Study**

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| **Principal Investigator: (PI)** |  |
| **Position of the PI:** |  |
| **Department:** |  |
| **Phone/ Mobile:** |  |
| **E-mail address:** |  |
| **Sponsor (Project No.):** |  |
| **Co- Investigators:** |  |

| **Title of the study (English & Arabic)** |
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| **Aims of the study (English & Arabic)** |
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| **Study duration:** |  | |
| **Where will study be conducted?**  **List of participating centres.** |  | |
| **Plant species, amount and age** |  | |
| **Reasons for choosing the certain plant species and amount** |  | |
|  |  | |
| **Has this study been approved by any IRB/ REC?**  **In case of “YES”, please specify and attach the letter of approval.** | **Yes  No** | |
| **Has this study been submitted for review by any?**  **If Yes, please specify and mention the name of contact person and his/ her contact Details.** | **Yes  No** | |
| The research team undertakes the followings:   1. **The plant should not be overcome by non-justified burden** 2. **Non inequities in the quantities used for plant** 3. **Taking care of the plant during the peri-operative time with no negligence.** 4. **The rare plant not euthanatized unless required, with balanced ecosystem** 5. **Care for the plant's husbandry.** 6. **Care for the infectious diseases and reporting for the notifiable diseases** 7. **Disposal of plant's body should be in a proper manner.** 8. **Obtain the necessary permits from the competent authorities for research into wildlife plant.** | |

* This research project is: (Check all that applies)

**Single site study / Ph.D. / Master Thesis**

**Multi-center study (Specify...........)**

**National Collaborative project (Specify...........)**

**International collaborative project (Specify...........)**

**Others (Specify...........)**

* Request is being made for an exploited review?

**Yes  No**

**Please justify**

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Risks: List the expected risks of the study

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* Benefits: List the potential benefits

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* The risks are reasonable to the potential direct benefits to the subjects, if any, or to the knowledge to be gained:

**Yes  No**

* Indicate whether this study will contain dangerous/biohazards materials

**Yes (Specify .......................................)  No**

* Date of Submission:
* Signature of the PI:
* Please enclose your proposal.

*Research Ethics Committee at Najran University*

* **Received by:**
* **Date of Receiving:**
* **Study id Number:**