**GUIDELINES:** *Kindly read the following carefully before filling in to complete the form.*

1. Please provide all the information in English and complete all sections as fully as possible.
2. Please adhere to word limits where they are specified; applications exceeding word limit guidelines may not be processed further.
3. If any important information might be missing, the Research Center may not be able to process the form and the application will be delayed.
4. If any false or misleading information is provided, PNHRC reserves the right to reject the application, or cancel the project registration and support.

|  |  |  |
| --- | --- | --- |
| **application No.**  *To be filled-up by PNHRC staff only.* | SRP**-YYYY-MM-000** | **Application Date:** 28/08/2017 |

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| **Research Information** | | | | | | | | | | |
| **Princiapl investigator full name** | | | | | | | | | | |
| office Department &  college Address | | | | | ksu id no | | employee rank | | | |
| email address | | | | | mobile no. | | telephone no. | | | |
|  | | | | |  | |  | | | |
| **Co-Investigator’s Name, if applicable** | | | **Affiliation: KSU**  **Department & College** | | | **Mobile No. & E-mail** | | | **Highest degree attained** | |
|  | | |  | | |  | | |  | |
| **proposed Title of research** |  | | | | | | | | | | |
| **summary of the research proposal**  *Please provide a short description of the research project (maximum of 100 words).* | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | |
| **Provide 3-5 keywords for your project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Project Duration** | | Start Date  **dd/mm/yyyy** | | Completion Date  **dd/mm/yyyy** | | | |  | |  | |
|  | |  | |  | | | |  | |  | |
| **estimated budget for project** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | (Must not exceed SAR 30,000) | | | |  | |  | |

**List all other current and pending research support.** Include the project title, budget requested or funded, and the sponsoring agency. Clearly indicate whether there is any overlap with the budget requested for this program.

I do not have other research support.

I have other research support as stated here:

|  |
| --- |
| Click here to enter text. |

**Affiliated UNITS & research Labs.** (*Please check the location(s) where this project will be carried out.)*

Central Laboratory – GUC, King Saud University

Clinical Trial Unit – KKUH, King Saud University Medical City

Experimental Surgery & Animal (ES&A) Laboratory – College of Medicine, KSU

Immunology Laboratory – College of Medicine, KSU

Molecular and Cell Biology (MCB) Laboratory – College of Dentistry, KSU

Stem Cell Unit – Anatomy Department, College of Medicine, KSU

**RESEARCH team WORKPLAN**  (*Please give details of research team/staff employed who will be involved in this research, and an approximation of the time they will spend on the project each week.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **duties & responsibilities** | **Estimated time**  **spent on project**  (no. of hours per week) | **location of research** |
|  |  |  |  |  |

**research Material Requisition** *(Please provide the Item Catalogues and Supplier’s Quotation for each item.)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | | **Catalog No.** | **Item Description** | **Detailed research use** | **UOM** | **QTY** | **Estimated Cost (SAR)** | **TOTAL** |
|  |  | |  |  |  |  |  | 100.00 |
| **Estimated Total Cost of requisition (SAR)** | | | | | | | **0.00** | |
|  | | | | | | |  | |
| **Joint RESEARCH AGREEMENT** | | | | | | | | |
| This joint agreement is made between the **Principal Investigator (PI)** or **Project Director** and the **Prince Naif bin AbdulAziz Health Research Center (PNHRC)** that by using the funded research materials, services, expertise, equipment and the facilities of the PNHRC and its Affiliated Units and Research Laboratories, he/she agrees to the following terms, policies and conditions. Applicants are strongly advised to read through the following guidelines and provisions for this section prior to writing the proposal.   1. The principal applicant must hold a full-time academic, research-based, or medical post within the King Saud University Medical City or Affiliated Health Colleges. 2. At least one student (post-graduate or undergraduate) should be part of the Research Team. 3. The research project should be submitted as a proposal to the Prince Naif bin AbdulAziz Health Research Center. All investigators and research teams must be pre-approved prior to the start of their research projects. 4. The research project proposed should not duplicate projects that are already funded. Also, the final proposal to be submitted to the PNHRC should not be a resubmission of a previous application nor a competitive renewal application. 5. All research applications will be evaluated based on merit, innovation and relevance with the current research mission of the PNHRC and the King Saud University Medical City. 6. Research support is limited and not all eligible applications may be supported. The Prince Naif bin AbdulAziz Health Research Center may choose to fund an application partially, if it is in the best interests of the overall research support program. The maximum amount of a research support grant will only amount to SAR 30,000. 7. Priority for Research Support will be given to applicants who have not received a Research Support during the last five (5) years. In addition, priority will be given to support research activities leading directly to the development of a nationally competitive research that has a strong potential for being externally funded. 8. For Research Support application, the maximum project allowed duration is 12 months or 1 year. Longer project durations will only be considered where clear scientific justification is provided. 9. Application forms must be complete with all other necessary signatures/approvals prior to seeking approval from the PNHRC General Director. 10. It is the sole responsibility of the principal applicant to ensure that all the necessary signatures and approvals are obtained. Applicants must also be aware of and abide by any local policies which are in place for seeking approvals/signatures from these units/offices. 11. For projects involving human and animal subjects or clinical work, it is mandatory that the PI present an ethical clearance form approved from the ethical committee or institutional review board (IRB), prior to the approval of the research support application. 12. In cases where modifications in the research team and/or original work plan in the Research Proposal are necessary, such modifications must be pre-approved again by PNHRC, and the progress report should include a modified (updated) Gantt chart that takes the approved modifications into consideration. 13. The Principal Investigator/Project Director is responsible for ensuring compliance with any specific requirements of the grant or contract and for ensuring that all personnel associated with the research also comply with such policies. 14. The facilities, equipment and services of the PNHRC-Affiliated Units & Research Laboratories will be used only for the purposes of research that has been reviewed and approved as described in the Research Proposal submitted by the PI. 15. Access to the concerned laboratories and units will only be provided to the research team provided that pre-approval is also obtained from the concerned PNHRC Affiliated Units and Research Laboratories. 16. All laboratory users and research staff are to strictly comply with all the Laboratory Guidelines, Protocols, Regulations and Policies for working safely and orderly at all PNHRC Affiliated Units and Research Laboratories. 17. All Laboratory personnel are to provide necessary training for specific laboratory equipment prior to usage and operation. Damage to any laboratory equipment resulting from misuse by the user/research team member may result in the loss of research facility privileges and charges for the repairs costs. 18. It is the sole responsibility of the principal applicant and his/her research team to coordinate and schedule facility and equipment usage in all PNHRC Affiliated Units and Research Laboratories. However, all ongoing in-house research projects and programs in PNHRC Affiliated Units and Research Laboratories will always have the utmost priority over grant users. 19. After six (6) months from the project's start date, an interim progress report shall be submitted by the PI of the project to the PNHRC. 20. Within one month following the official end date of the project, the detailed final progress report must be submitted and presented by the PI to the PNHRC General Director and Scientific Committee. 21. All data generated from all laboratory services are considered strictly confidential and will be accessible to the concerned investigators only. These data will not be presented in any way without the principal investigator’s express and written consent. 22. The only information and details that the PNHRC will disclose in its reports and other presentations will be the title of the research project, start date of research work and the members of the research group. 23. In all scientific and scholarly publications and all manuscripts submitted for publication from this research project, authors must acknowledge the sources of support and funding from PNHRC for all activities leading to and facilitating preparation of the publication or manuscript, including, but not limited to grant support; and technical or other support if substantive and meaningful to the completion of the project.   ***For example:***  **“This research project was supported by a Research Initiative from the Prince Naif bin AbdulAziz Health Research Center, King Saud University Medical City. The content is solely the responsibility of the author(s) and does not necessarily represent the official views of the Prince Naif bin AbdulAziz Health Research Center or the KSU Medical City."**   1. The researcher/s must appropriately acknowledge the support of the PNHRC Affiliated Units & Laboratories where the research was conducted on scholarly reports, presentations, posters, papers and all other scientific publications of this project.   ***For example:***  **“The author(s) acknowledge the staff and the use of the facilities of the (Affiliated Laboratory/Unit Name), a core research facility of the King Saud University (College Name) in collaboration with Prince Naif bin AbdulAziz Health Research Center for their significant contributions to this publication.”**  A copy of the final publication (paper or electronic) must be submitted by the PI to the PNHRC for filing purposes.   1. The investigators must consider including the concerned Laboratory Core/Unit members in the authorship when said members are significantly involved in developing the experimental design or contribute to the publication content. If substantial intellectual contributions are required such as method development and implementation, and/or manuscript writing and data interpretation are requested, co-authorship should be granted to the involved PNHRC personnel. 2. All PNHRC staff contributors who do not meet the criteria for authorship should be listed in the acknowledgements section of any publication. 3. Breaching the rules of research integrity will result in halting all research funding activities to the involved parties for a suitable period of time after thorough investigation and judgment by a specialized PNHRC committee. 4. Failure to comply with the aforementioned conditions may result in a decision by PNHRC to suspend any ongoing cooperation with the PI and/or the PI's institution. 5. In the event that disagreements arise with respect to issues such as proper protocols for instrument usage, instrument/ facility access, conflicts of interest, or authorship, the Laboratory Director will first discuss this with the respective Principle Investigator. In the event that a mutually agreeable resolution cannot be reached, either (or both) of these parties can solicit the assistance of the PNHRC Committee and General Director. 6. All Research Support applications will always be honored on a first-come, first-served basis from the date the application was submitted to the Prince Naif Health Research Center. | | | | | | | | |
| |  |  | | --- | --- | | **PRINCIPAL INVESTIGATOR** | **PNHRC GENERAL DIRECTOR** | | **I confirm my/our agreement to the terms and policies set out above.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Over Signature & DATE SIGNED | **Signed for and on behalf of Prince Naif Bin AbdulAziz Health Research Center.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Over Signature & DATE SIGNED | | | | | | | | | |

**additional required Documents** (*Please provide and attach the following documents listed below.*)

* Research Proposal (Limited to ten single-spaced pages, including References)

1. Proposal Abstract
2. Introduction
3. Objectives (Detailing specific aims and significance of the proposed research)
4. Literature Review
5. Research Project Design and Methodology
6. Utilization of Expected Results
7. Duties and Responsibilities of Research Team
8. Detailed Work Plan/ Research Calendar (Tabular form with monthly task plan for research staff/team)
9. Tabulated Budget Proposal and Worksheet (Itemized List of Expenditures/Items required for Research Project)
10. References (Minimum of up-to-date 15 sources, strictly use APA Format Citation )

* CVs for Principal Investigator, Researchers and Consultants, Senior Personnel (Limited to 3 pages maximum for each Research Team CV)
* IRB or other Pertinent Research Approvals or Clearances (as needed)
* Supplier Quotations and Research Items’ Catalogues (as needed)

I, the undersigned, have read all the instructions, understood and accept the terms and conditions relating to the PNHRC Research Support Award applications.

I hereby certify that all the information contained in this form is complete, accurate and correct and that any future change will be reported immediately to Prince Naif bin AbdulAziz Health Research Center. I understand that the PNHRC is authorized to check at any time the accuracy of the information given in this application. I also understand that the PNHRC may also request more information, if necessary. I further accept that the Prince Naif bin AbdulAziz Health Research Center has the right to cancel my application; if it is found that I have provided false or inaccurate information.

I therefore confirm that I submit this request in order to be granted support solely for scientific research purposes.

Furthermore, I commit myself to take and maintain all necessary measures in compliance with the requirements stated in the research collaborative agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and Signature of Principal Investigator (Applicant) / Date*

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| --- | --- | --- | --- |
| **Approval and authorization** | | | |
| **Laboratory Director(S)/Head(S)**  **Recommended by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Signature / Date Signed*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Signature / Date Signed (as needed)* | | Statement and signatures are required to insure that the application has been reviewed and that administrative and financial implications have been considered and approved. **Please attach a statement(s) of recommendation from the Laboratory Director/Head(s).**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Signature / Date Signed (as needed)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Signature / Date Signed (as needed)* |
| **approved/Disapproved by:** | |  |  |
| **PNHRC General Director** | Name Over Signature | | ***dd*/*mm*/*yyyy***  ***Date Signed*** |

**Upon Approval, PNHRC Project Registration Code:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** Please return this form and enclosed documents to

**PNHRC Administration Office**

Prince Naif Health Research Center

4th Floor, Main Administration Building,

King Saud University Medical City, Riyadh, KSA

P.O. Box 2925 Riyadh 11461

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