



***Institutional Review Board  
Jordan University of Science and Technology  
King Abdulla University Hospital***

**Initial Application for Research Involving Human Subjects**

<b><i>For IRB Use Only</i></b>	
<b><i>Project Number:</i></b>	
<b><i>Submission Date:</i></b>	

***Please fill all the following boxes (if Applicable):***

<b>Project Title</b>			
<b>Principal Investigator/ Project Faculty Advisor Collage and Department</b>	<b>Email Address</b>		
	<b>Telephone number</b>		
	<b>Signature</b>		

<b>Co-Investigator</b>	<b>Email Address</b>		
	<b>Telephone number</b>		
	<b>Signature</b>		
<b>The Role:</b>			
<b>Co-Investigator</b>	<b>Email Address</b>		
	<b>Telephone number</b>		
	<b>Signature</b>		
<b>The Role:</b>			
<b>Co-Investigator</b>	<b>Email Address</b>		
	<b>Telephone number</b>		
	<b>Signature</b>		
<b>The Role:</b>			

<b>Co-Investigator</b>	<b>Email Address</b>	
	<b>Telephone number</b>	
	<b>Signature</b>	
<b>The Role:</b>		
<b>Co-Investigator</b>	<b>Email Address</b>	
	<b>Telephone number</b>	
	<b>Signature</b>	
<b>The Role:</b>		
<b>Co-Investigator</b>	<b>Email Address</b>	
	<b>Telephone number</b>	
	<b>Signature</b>	
<b>The Role:</b>		

<b>Student Investigator</b>	<b>Email Address</b>	
	<b>Telephone number</b>	
	<b>Signature</b>	
<b>The Role:</b>		

Is any of the Co-Investigators a family member of the principal investigator? ( YES - NO )

IF YES, explain the relationship: \_\_\_\_\_

<b>Department/ Unit Administering the Project</b>	
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<b>Funding Agency(s)</b>	
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**Target Population:** The study population will include (Check all that apply):

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> pregnant women  | <input type="checkbox"/> neonates  | <input type="checkbox"/> individuals with mental disabilities   |
| <input type="checkbox"/> minors/children | <input type="checkbox"/> prisoners | <input type="checkbox"/> individuals with physical disabilities |
| <input type="checkbox"/> human fetuses   | <input type="checkbox"/> students  |   |

**In order for your study submission to be accurate, the check list below will help you complete all your submission documents required:**

	<b><i>Documents Required</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Not Applicable</i></b>
1.	<b>Is the protocol included?</b>			
2.	<b>Is there a signed Copy of the protocol signature page?</b>			
3.	<b>Is there any Protocol Amendments?</b>			
4.	<b>Is there a Signed Copy of the Protocol Amendment Signature Page?</b>			
5.	<b>Is there a Copy of the Case Report Form (CRF)?</b>			
6.	<b>Is Investigator's Brochure (IB) included?</b>			
7.	<b>Is the Informed Consent Form (ICF) included in Arabic and English?</b>			
8.	<b>If there is any Consent Form Updates, are they included?</b>			
9.	<b>Is the Copy of the Certificate of Insurance included?</b>			
10.	<b>Are All the CV's of the Team of the Study included?</b>			
11.	<b>Are all the Subject Recruitment Procedures (e.g. advertisements) included?</b>			
12.	<b>Is the Informational Material to be Provided to Subjects included?</b>			
13.	<b>Are All the Patient Assessments (e.g. Questionnaire) Included?</b>			
14.	<b>Any other documents that the IRB may need to fulfill its responsibilities</b>			
15.	<b>Did you Get the NIH Certificate? If no Please <i>click here</i> to get it</b>			

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**Date**                      **Signature of Principal Investigator [REQUIRED]**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Co-Principal Investigator**

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**Date**                      **Signature of Student Investigator**

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**Date**                      **Signature of IRB Chair [REQUIRED]**

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
*(Please print name of IRB Chair)*

**This form & all the attached required documents should be submitted to the:**

***IRB office  
Second Floor, wing C  
King Abdulla University Hospital***