



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

Initial Application for Research Involving Human Subjects

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

Please fill all the following boxes (if Applicable):

Project Title			
Principal Investigator/ Project Faculty Advisor Collage and Department	Email Address		
	Telephone number		
	Signature		
Co-Investigator	Email Address		
	Telephone number		
	Signature		
Co-Investigator	Email Address		
	Telephone number		
	Signature		
Student Investigator	Email Address		
	Telephone number		
	Signature		

Department/ Unit Administering the Project	
Where to send Approval Documents	

Funding Agency(s)	
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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:

	<i>Documents Required</i>	<i>Yes</i>	<i>No</i>	<i>Not Applicable</i>
1.	Is the Proposal included?			
2.	Is the Informed Consent Form (ICF) included?			
3.	Is the CV's of the Team of the Study included?			
4.	Is the Subject Recruitment Procedures (e.g. advertisements) included?			
5.	Is the Informational Material to be Provided to Subjects Included?			
6.	Is there any Questionnaire and is it included?			
7.	Any other documents that the IRB may need to fulfill its responsibilities			
8.	Did you Get the NIH Certificate? If no Please <u>click here</u> to get it			

Date Signature of Principal Investigator [REQUIRED]

Date Signature of Co-Principal Investigator

Date Signature of Student Investigator

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
Seventh Floor, wing D
King Abdulla University Hospital*