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| **Research Registration Form**Submission date (MM/DD/YYYY): All fields are mandatory | **For official use only:** **Reference No.:** **Date:** **Official signature:**  |

1. **Research category:**

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|  | **Faculty**  |  | **Intern** |
|  |  |  |  |
|  | **Student** |  | **Other, specify:**  |

1. **Application category:**

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|  | **New**  |  | **Extension**  |  | **Renewal**  |

1. **If you were applying for resgistration renewal or extension, please advise us on the reference number:**

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1. **Research type:**

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| --- | --- | --- | --- |
|  | **Laboratory experiment, basic science** |  | **Laboratory experiment, animal research** |
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|  | **Observational study** |  | **Clinical trial**  |
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|  | **Others; specify:**  |

1. **Research type category:**

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|  | **In-vivo** |  | **In-vitro** |  | **Survey**  |  | **Other; specify:** |

1. **Estimated research period (in months):**

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1. **Are planning to apply for research fund/ grant support**

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|  | **Yes** |  | **No** |

**If yes, please specify the program that you intend to apply for:**

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1. **Estimated planned budget (in SR): (for research projects considered for fund/ grant support)**

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1. **Proposed research title:**

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1. **Principal investigator information:**

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| --- | --- | --- | --- |
| **Name:**  |  | **Title:**  |  |
|  |  |  |  |
| **Department:**  |  | **Tel:**  |  |
|  |  |  |  |
| **Email:**  |  |

1. **Research team: (add rows as needed)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Email** |
| **PI** | **Co-I** | **Research assistant** |
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1. **Applicant checklist: (please indicate as appropriate and submit all required documents)**

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|  | **Yes** | **No** | **NA** | **Remarks** |
| Involvement of external investigator  |  |  |  |  |
| Is there any community concerns addressed in your study |  |  |  |  |

1. **Terms and conditions:**
	1. **Contract validity:** this agreement contract is valid for one year only from the date of signing the contract. It is the responsibility of the principal investigator to apply for renewal (item 13.9)
	2. **IRB approval:** all registered research proposal must submit a proof of application for IRB approval within 10 business days from the date of completion of research registration. Failure to submit so, may result in registration cancelation. Nevertheless, principal investigator (PI) holds responsible to submit a copy of IRB decision letter to research center at college of dentistry. Otherwise, the research project might be subjected to suspension.
	3. **Amendments to the registered research project:** changes to any aspect of the project require the submission of request for amendment to the Research Center and Vice Dean of Research and Postgraduate Studies. Changes must be approved prior to implementation. Substantial variations may require new application.
	4. **Future correspondence:** please quote the assigned research reference number and research title for any future communication
	5. **Monitoring:** it is the responsibility of principal investigator to submit periodical progress report to research center office at college of dentistry. Furthermore, periodical audit and unplanned audit session may take place to monitor the progress of the research project.
	6. **Retention and storage of data:** it is the responsibility of the principal investigator to ensure that data storage complies with Good Clinical Practice standards. Retention of the original data pertaining to a research project for a minimum period of five years. Furthermore, after five years, the data ownership is automatically transferred to college of dentistry.
	7. **Agreement:** an agreement between the principal investigator and participants showing author affiliation, source of funding, and order of authorship should be signed by participants
	8. **Funded project:** it is the responsibility of the principal investigator to declare all internal and external sources of fund, otherwise, the project is liable for suspension
	9. **Extension:** request for extension must be submitted at least 3 months prior to planned end date. It is the principal investigator responsibility to submit the request for extension to research center office at college of dentistry. Progress report along with justification for extension must be submitted for review.
	10. **Renewal:** Renewal of registration is granted after submission of a progress report three month prior the end of the expiration date.
	11. **Closure:** it is the responsibility of the principal investigator to submit a copy of accepted manuscript along with closure report
	12. **Suspension:** research center at college of dentistry reserves the right to suspend any research project without prior notification in cases of violation of research ethical principles and/ or lack of compliance to GCP/ GLP/ GPP guidelines
	13. **Termination:** it is the responsibility of the principal investigator to notify research center at college of dentistry in case of research project termination. Termination notice must be accompanied by detailed progress report

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| ***Vice Dean******for Research & Postgraduate Studies*** | ***Research Center Director*** |  ***Principal Investigator***  ***of the Research*** |

**Abstract: (Max. 1500 words)-** *All fields are MANDATORY*

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| **Background:** (Provide a brief literature review and overview of topic of interest) |
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| **Objectives:** (Statement of aims and objectives that study intended to measure/ address) |
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| **Rationale and significance:** (Importance of this study) |
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| **Materials and methods:** (Research methodology plan including ethical consideration) |
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| **Data analysis plan:** (Brief description of data collection and analysis plan; statistical approach and test type- Please submit a copy of CRF/ data collection sheet) |
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| **Future impact of the study:** (Impact of this study at both macro-level “community, health policy, …etc” and micro-level “related to specific topic”) |
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| **Data dissemination:** (Brief description of how results will be presented to scientific community; publication, media release, governmental reports, poster presentation, conference,…etc, and justify selected approach) |
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