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|  | **National Committee of Bioethics** |  |
| **Biological Samples Exportation Form (Human) 3.0** |

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| **Request for sending biological samples outside Kingdom of Saudi Arabia** | | | |
|  | | | Name of Estaiblshment : |
|  | | | Location of Establishment : |
|  | Regesitration Number: |  | Name of IRB : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | Title of Research : | | |
|  | | | | | | | Specaility : | | |  | | | | | Name of PI : | | |
|  | | | | | | | | | | | | | | | Name of the Department : | | |
|  | | | | | | | | | | | | Name of Establishment that samples will send to : | | | | | |
|  | | | | Country : | | | |  | | | | | | | | Adress : | |
| Research ( Clinical trail  Other ) | | | | | | | | | | | | | | Purpose of sending samples outboard : | | | |
|  | | | Number of SFDA approval for clinical trail : | | | | | | | | | | |
| Other Specifiy (     ) | | | | | | Urine | | | Saliva | | Tissue | | Blood | | Type of Specmien : | | |
|  | | | | | |  | | |  | |  | |  | | Number of Samples : | | |
|  | | | | | |  | | |  | |  | |  | | Amount of Samples (L/Kg) : | | |
|  | | | | | | | | | | | | | | | Port of Export : | | |
|  | | | | | | | | | | | | | | | The carrier company : | | |
| Note | No | Yes | | |  | | | | | | | | | | | |
|  |  |  | | | Have you read and understood the regulations of biological samples exportation, in the law and regulation of ethics of research on living creature , Article (6/4). | | | | | | | | | | | |
|  |  |  | | | Can the test/s done inside the Kingdom of Saudi Arabia ?  If yes, explain the reason of sending samples outboard: | | | | | | | | | | | |

* I, the principal investigator, attest to the correctness of the above information and pledge to provide the Local Ethics Committee with any changes once it occur and before I apply it.

Name:

Signature: Date:      /     /

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| For local ethics committee use only | | |
| The above information has been verified, and it compliance with the Research Ethics law and regulations | | |
| Did the IRB approve the research proposal:  Yes  No | | |
| Date :   /  / | Minutes Number : | |
| Note : | | |
| Date :   /  / | Signature: | Chairman: |

* National Committee of Bioethics must be notified with any approval from local ethics committee via these contact channels :
  + - Fax : 0114813860
    - Email : bioethics@kacst.edu.sa