**Application for ADTRL utilization**

**(NON-KAUFD USERS)**

1. **Principle Investigator (PI):**

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| --- | --- |
| **Name *(First, Middle, Surname)*** | Full NAME |
| **Title** | ACADEMIC OR PROFESSIONAL RANKING |
| **Department/College/Center** | DEPARTMENT, CENTER,OR INSTITUTE |
| **Mobile Number** | +966-MOBILE |
| **E-mail**  | EMAIL @xxxx.com |
| **KAU ID Number** ***(000 for Non-KAU)*** | XXXXX |
| **National/Iqama ID Number *(Only for Non-KAU)*** | XXXXXXXXXX |
| **[Google Scholar profile link](https://scholar.google.com/intl/en/scholar/citations.html) (Please copy and paste the link)** | www.XXXXXXXXXX |

1. **Name, Title and Email of Co-Investigator/s (Including students and interns):**
2. ..........................................................................................................................................................................
3. ..........................................................................................................................................................................
4. ..........................................................................................................................................................................
5. **Type of proposed research:**

 Pilot study ( ) Final research study ( )

1. **Title of the Proposed Research:**

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* *Ethical Approval may be registered if needed.*
1. **Finance (Please specify: Research grant number/Source of funding OR Self-funding):**

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* *A Copy of the contract and approved Budget should be attached (If applicable).*
1. **Need for a Space for Sample Preparation:**

Yes ( ) No ( )

1. **Need for a Special Container or Refrigeration of the Samples:**

Yes ( ) No ( )

* *Additional charges may apply.*
1. **Any Special Precautions: Handling and Processing or Storage *(Please specify):***

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* *Additional charges may apply.*
1. **Number and Type of Samples Delivered to the ADTRL *(Please be specific):***

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* *Additional charges may apply.*
* *In case of increasing the sample size or changing the type of samples during the experiment, you might be requested to send a new application* *for ADTRL utilization before proceeding.*
1. **Type of Test/s and Analysis Required in Sequence *(Please be specific):***
2. ..................................................................................................................................................................
3. ..................................................................................................................................................................
4. ..................................................................................................................................................................
* *Additional charges may apply on some tests and data analyses.*
* *In case of adding or changing the tests and/or analysis during the experiment, you might be requested to send a new application* *for ADTRL utilization before proceeding.*
1. **Type of Extracted Data:**

Row Data ( ) Statistically Analyzed Data ( ) Analyzed & Processed Data (Graphs and Tables) ( )

* *Processed and Statistically Analyzed data will be subjected to added charges.*
* *No extracted data will be provided unless payment is completed and confirmed by KAU Research and Consulting Institute (If Applicable).*
1. **Any Specialized Training Course: Sample preparation, Equipment, Testing or Data Extraction *(Please be specific):***

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* *Additional charges may apply on some training courses and data extraction.*
1. **Expected date for Delivery of Samples to the ADTRL:**

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* *ATDRL is not responsible for delivery of samples or data after the due date.*
1. **Expected date to Complete the Research Project & Submitting the Study for Publication:**

Expected Date of Completion: / / . Expected Date of Submission for Publication: / /

* *All unattended samples for 10 months will be discarded at the end of the academic year.*
* **Policies and publication ethics:**
* It is **recommended** to acknowledge ATDRL in the following format in any form of Publication and/or Presentation:

***“The authors thanks ATDRL, Faculty of Dentistry, King Abdulaziz University, Saudi Arabia for their technical support”.***

* By signing this application, I confirm that all filled information related to this research is true and correct and I have obtained co-author/s approval/s.
* I have read the Terms & Conditions of ADTRL utilization and I understand the obligations held upon me by signing of this application.
* I understand that approval and rejection of the application is subjected to the feasibility of the project within the ATDRL facility.
* I am aware of that ATDRL BOARD COMMITTEE will review my application confidentially and the decision will be sent within 10 working days.

PI Name *(Last Name, First Name Middle Initial):* ................................................................................................................................................................

PI Signature: .................................................................. Date: ..................................................................

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| --- |
| FOR ADTRL USE ONLY |
| APPROVED ( ) REJECTED ( ) APPROVED WITH SOME LIMITATIONS/RESTRICTIONS ( ) COMMENT FOR PI:…………………………………………………………………………………………………………………………………………………………….…APPROVED BY (Name & Signature): ………………………………………………………………………………………………………………….………………ATDRL Ranking/Position:………………………………………………….…………………………………. DATE: …………………………………………………  |