1.Full Name (English)

2.Full Name (Arabic)

3.KSU Email

4.KSU ID

5.Department

DDS - Department of Oral Medicine & Diagnostic Science

MFS - Department of Oral & Maxillofacial Surgery

PCS - Department of Periodontics & Community Dentistry

POS - Department of Pediatric Dentistry & Orthodontics

RDS - Department of Restorative Dental Sciences

SDS - Department of Prosthetic Dental Sciences

Other:

6.Type of Study

Pilot study

*In vivo* (IRB required)

*In vitro* (IRB may be required)

Epidemiological / Survey (IRB required)

Other:

7.Location / Place of Study

Physical Research Laboratory

Microbiology Laboratory

Electron Microscopy Laboratory

Engr. Abdullah Bugshan Research Chair for Dental and Oral Rehabilitation

Molecular and Cell Biology Laboratory

Histopathology Laboratory

Other:

8.Researcher Type

Faculty

Postgraduate

Intern

Undergraduate

External User

Other:

9.Co-investigator's Name and E-mail (Name, E-mail)

*\* Separate name and e-mail by comma*

10.Attach/submit IRB / IACUC Approval (if required) (file format: pdf)

11.**Project Title**

12.**Statement of problem**

13.**Purpose / Objectives of the Study**

14.**Material and Methods**

15.Approval

This Approval indicates that the researchers have agreed to follow all the rules and regulations of the CDRC including that of the Institutional Review Board (IRB).

16.**Undertaking**

I/we understand that in registering this project, no financial assistance will be granted by the CDRC. If I/we make any significant changes to the objectives or methods of the research either before or during the study, I/we will notify the CDRC and the Institutional Review Board that originally approved the project at the earliest opportunity. The registration of the project does not imply approval thereof by the CDRC; the scientific merit of such projects is the sole responsibility of the Investigator(s).