King Abdulaziz University
Faculty of Dentistry
Advanced Technology Dental Research Laboratory
Address: 2F - Bldg 14, KAUFD
Email: den-atdrl@kau.edu.sa

Date: Lab No:

Application for ATDRL utilization

(KAUFD USERS)

I. Principle Investigator (PI):

Name *(First, Middle, Surname)*	*******
Title	*******
Department/College/Center	*******
Mobile Number	*******
E-mail	*******
KAU ID Number	*******
Google Scholar profile link (Please copy and paste the link)	*******

II. Name, Title and Email of Co-Investigator/s (Including students and interns):

1-.....
2 -.....

III. Type of proposed research:

Pilot study ( ) Final research study ( )

Title of the Proposed Research:

……

IV. Finance (Please specify: Research grant number/Source of funding OR Self-funding):

Self funding

V. Need for a Space for Sample Preparation:

Yes ( ) No ( )

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

Yes ( ) No ( )

 Additional charges may apply.

PI Initials: ……..

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VII. Any Special Precautions: Handling and Processing or Storage *(Please specify)*:

……

Additional charges may apply.

VIII. Number and Type of Samples Delivered to the ADTRL *(Please be specific)*:

……..

.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.*

IX. Type of Test/s and Analysis Required in Sequence *(Please be specific)*:

……..

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.*

X. Type of Extracted Data:

Raw 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).*

XI. Any Specialized Training Course: Sample preparation, Equipment, Testing or Data Extraction *(Please be specific):*

- ……..
- *Additional charges may apply on some training courses and data extraction.*

XII. Expected date for Delivery of Samples to the ADTRL:

……

- *ATDRL is not responsible for delivery of samples or data after the due date.*

XIII. 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.*

PI Initials: ……..

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Policies and publication ethics:

It is **Principle Investigator** responsibility to add ATDRL as a second/third affiliation in the following format in any form of Publication and/or Presentation:

"Advanced Technology Dental Research Laboratory, King Abdulaziz University, Jeddah 21589, P.O. Box 80209, Saudi Arabia."

Failure to mention ADTRL may result in prohibiting your use of ATDRL facility and reporting to KAUFD Dean's Office and KAU Research and Consulting Institute.

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

PISignature:..... Date:

FOR ADTRL USE ONLY

APPROVED ( ) REJECTED ( ) APPROVED WITH SOME LIMITATIONS/RESTRICTIONS ( )

COMMENT FOR PI:.....

APPROVED BY (Name & Signature):.....

ATDRL Ranking/Position..... **DATE:**.....

PI Initials: ……..