



## Sponsorship Request Form

This form only will be filled after getting written approval by Sharik Executive Committee to proceed with the submission. Any request without the pre-submission approval will not be considered.

### Principle investigator information:

|                |  |
|----------------|--|
| Name of PI:    |  |
| Affiliation:   |  |
| Emil:          |  |
| Mobile number: |  |

### Sponsorship information:

|                     |   |   |
|---------------------|---|---|
| Type of sponsorship | <input type="radio"/> Financially   | Total of requested sponsorship: ..... SAR |
|                     | <input type="radio"/> Services  | Please Select all apply:                  |
|                     |   | <input type="radio"/> Data Collection     |
|                     |   | <input type="radio"/> Data Analysis       |
|                     | <input type="radio"/> Writing Report  |   |
| Ethics Approval #   |   |   |
| If IRB not found    | <input type="radio"/> I acknowledge that I need to provide IRB approval before receiving sponsorship.   |   |
| Acknowledgment      | <input type="radio"/> I acknowledge that I need to report Sharik as funder in any form of publications including scientific journals, and conferences using the following statement.<br>The authors would like to express their gratitude and appreciation to Sharik Association for Health Research for supporting this research project (grant no. ). |   |

### For Sharik Association for Health Research and Studies:

|  |  |
|--|--|
| This request has been                    | <input type="radio"/> Approved         |
|  | <input type="radio"/> Rejected         |
| Date and number of board members meeting | Date:<br>Meeting #:                    |
| CEO approval:                            | Name:<br>Date:<br>Signature:<br>Stamp: |