



IT Department Services

IRB System

User Guide – v0.2

Created: Aug 2025

Last Updated: Sep 2025

Created by: Taha Ramadan

Contents

Introduction..... Error! Bookmark not defined.

 Prerequisite Error! Bookmark not defined.

 Sign in to system digital services Error! Bookmark not defined.

Getting Started Error! Bookmark not defined.

 Find the Service on Error! Bookmark not defined.

 Option 1: login in the system Error! Bookmark not defined.

Submit Application..... Error! Bookmark not defined.

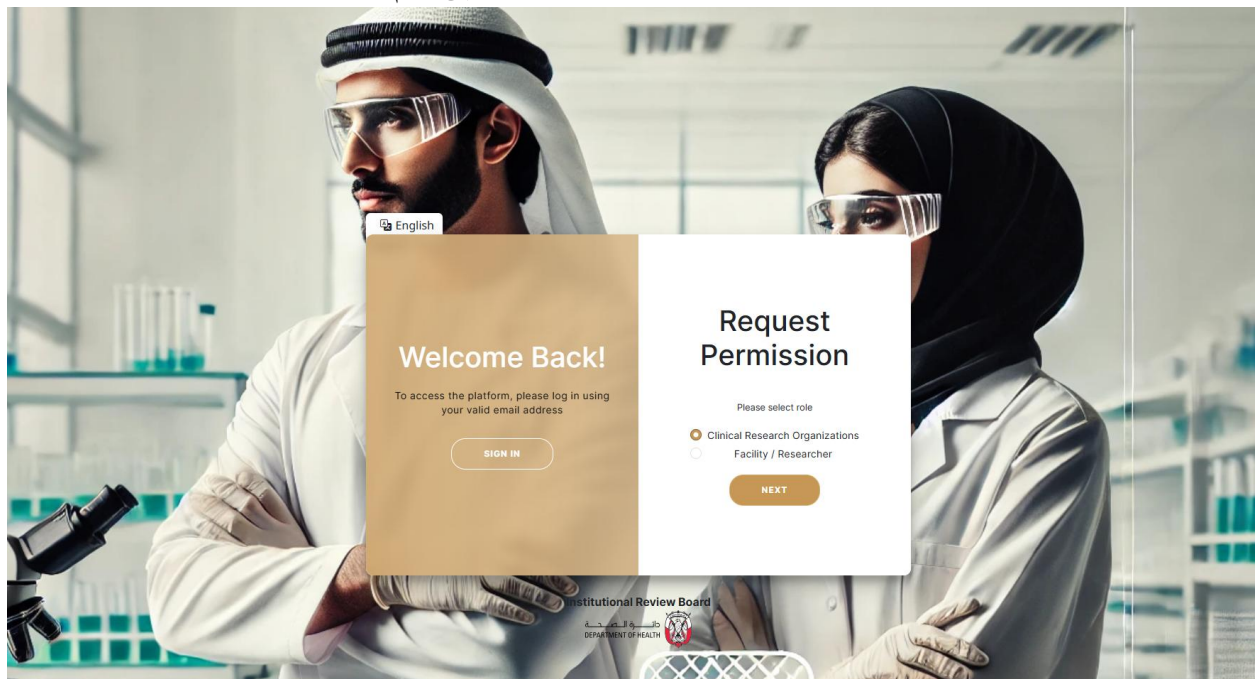
IRB System

- Introduction

IRB System that can applicants submit request for Medical Research request.


Prerequisite

- Applicants navigate to IRB system to register as Clinical Research Organizations or Facility / Researcher -
للتسجيل كمنظمات أبحاث سريرية أو منشأة / باحث IRB يتوجه المتقدمون إلى نظام



DEPARTMENT OF HEALTH

- Please fill in all data to complete the registration and click on send email verification. -
يرجى ملء كافة البيانات لإكمال التسجيل ثم الضغط على إرسال التحقق عبر البريد الإلكتروني



Register Form (CRO)

All fields are required

Name Enter full name	Telephone Number Enter primary number
Professional Email Enter valid email	Highest Qualification Enter text
Facility Enter facility name / or select	Justification for Access Please enter justification

Please fill out and submit to verifying the email and entering the valid code

Send Email Verification

- Please enter verification code and click on validate and submit.

Name Taha	Telephone Number 0521872761
Professional Email tramdan@doh.gov.ae	Highest Qualification Test
Facility MF2058-Tawam Hospital	Justification for Access Test

Please fill out and submit to verifying the email and entering the valid code

A code has been sent

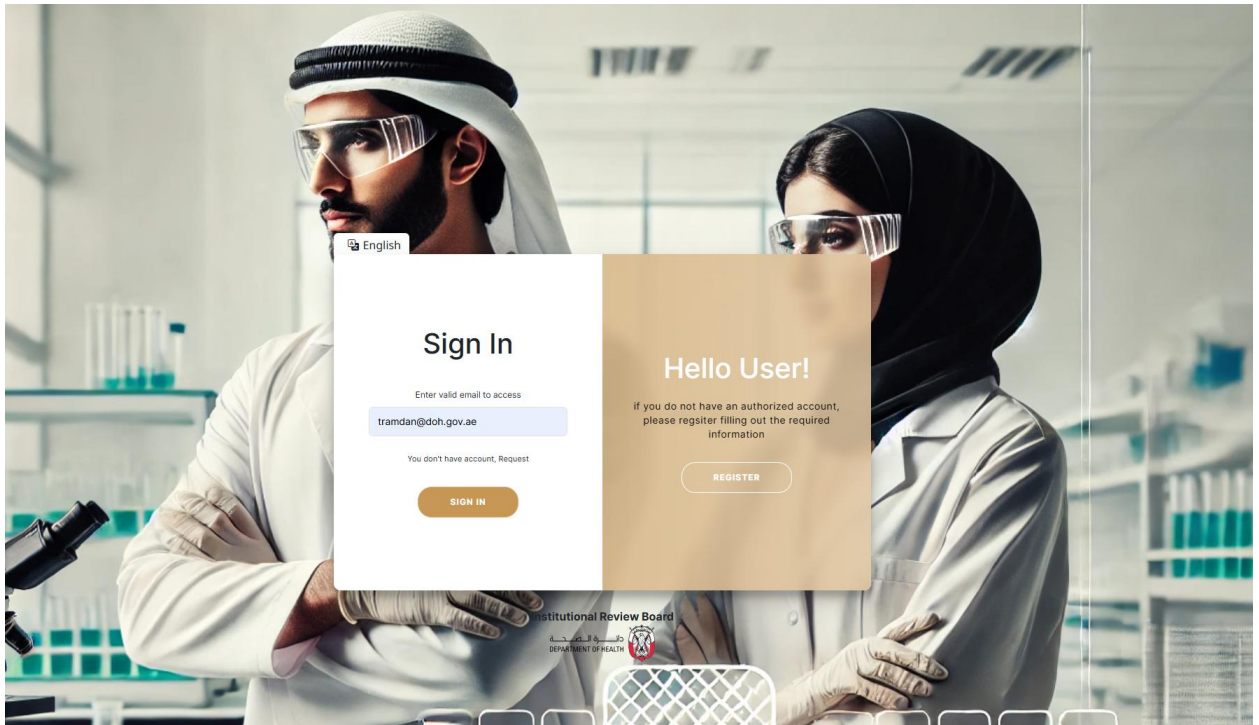
Expires: 11:00:59 AM

Validate & Submit

Getting Started

- This section explains the step-by-step procedure on how to access the service IRB request

1- Login in the system by your email. قم بتسجيل الدخول إلى النظام عن طريق بريدك الإلكتروني.



2- You can click on create to start new request. اضغط على ابدأ لبداية طلب جديد

3- You must fill all required information يجب ملئ جميع البيانات

Ministry of Health Institutional Review Board Applications English Taha taha@doh.gov.ae

#ADHRTC-2025-23891 Created Date 2025-08-21 11:11 AM Saved On 2025-08-21 11:11 AM Draft

Administrative Information
Applicant will not be able to access the next step unless he confirms the previous one

Why this application needs DOH ethical review?
Note: Main reasons for submission to Department of Health review

☐ DOH database(s) ☐ Genomic
☐ Multi-center ☐ Data/Sample sharing
☐ Clinical trial ☐ Proof of Concept (PoC)
☐ Industry sponsored (Pharmaceutical/MedTech/AI) ☐ UAE National level study
☐ Investigator initiated trial (IT) ☐ Other

Type of research
☐ Experimental
☐ Observational
☐ Descriptive
☐ Other

Research site(s) + Add Site

Research personal details

Principal Investigator details

Name **Nationality**

Authorized Research Facility Principal Investigator **DOH license number** **Professional title**

Official/Institutional email **Mobile Number**

Principal Investigator experience on the matter of the study

Does the Principal Investigator have prior experience in this specialized field of study?
☐ No

Research team details and role + Add Item

Note:
 - Study specific designation includes: Co-Investigator (Co-I), Research Coordinator (RC), Biostatistician (BS), Other (OI)
 - Affiliation is the facility they are working at right now
 - Role: Obtain informed consent, Obtain data through communication or interpersonal contact or interaction, Obtain private identifiable human subject's data or samples, Obtain data through intervention, Access human subject's medical records, Other
 - Local institute email to be provided as personal emails are not accepted; otherwise, justification to be provided as it might not be accepted as well

NAME	STUDY SPECIFIC DESIGNATION	AFFILIATION	ROLE IN THE STUDY	PROFESSIONAL TITLE	E-MAIL ADDRESS	MOBILE NO.	ACTIONS

Research study information

Study recruitment

Applicable/not applicable
☐ No

Study sample size

Overall sample size **Competitive accrual** ☐ No **Overall, what is the Sample size for UAE** **Sample size specifically for Abu Dhabi**

Comments

Note: To provide the maximum number of patients allocated for UAE specifically for Abu Dhabi in the competitive accrual if available


Study collaborating institutes

Will the proposed research will be done in collaboration with other collaborating institutes?
☐ No

Funding details

Is this research being funded?
☐ No

4- -You must fill all required information for administrative page يجب ملئ جميع البيانات


 Institutional Review Board
 Applications
English
Taha taha@doh.gov.ae

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1 Administrative Information
2 Background
3 Methodology
4 Ethical Considerations
5 Data Management and Analysis
6 Study relevant documents
7 Principal Investigator declaration
Sign Off & Submit

Administrative Information

Applicant will not be able to access the next tap unless he confirms the previous one

All fields are required

Why this application needs DOH ethical review?

Note: Main reasons for submission to Department of Health review

☐ DOH database(s)
 ☐ Genomic

☐ Multi-center
 ☐ Data/Sample sharing

☐ Clinical trial
 ☐ Proof of Concept (PoC)

☐ Industry sponsored (Pharmaceutical/MedTech/AI)
 ☐ UAE National level study

☐ Investigator initiated trial (IT)
 ☐ Other

Type of research

☐ Experimental
 ☐ Observational
 ☐ Descriptive
 ☐ Other

Research site(s) + Add Site

SITE	ACTIONS
0/20	

Research personal details

Principle Investigator details

Name 1

Nationality

Authorized Research Facility Principal Investigator
 affiliated to 1

DOH license number
 if applicable

Official/Institutional email

Mobile Number

Professional title

Personal email is not accepted
(B7F) 050-123 4567

Principal Investigator experience on the matter of the study

Does the Principal Investigator have prior experience in this specialized field of study?

☐ No

Research team details and role + Add team

Note:

- Study specific designation includes: Co-Investigator (Co-I), Research Coordinator (RC), Biostatistician (BS), Other (O)
- Affiliation is the facility they are working at right now
- Role: Obtain informed consent, Obtain data through communication or interpersonal contact or interaction, Obtain private identifiable human subject's data or samples, Obtain data through intervention, Access human subject's medical records, Other
- Local institute email to be provided as personal emails are not accepted; otherwise, justification to be provided as it might not be accepted as well

NAME	STUDY SPECIFIC DESIGNATION	AFFILIATION	ROLE IN THE STUDY	PROFESSIONAL TITLE	E-MAIL ADDRESS	MOBILE NO.	ACTIONS
0/20							

Research study information

Study recruitment

Applicable/not applicable

☐ No

Study sample size

Overall sample size

Competitive accrual
☐ No

Overall, what is the Sample size for UAE

Sample size specifically for Abu Dhabi

Overall sample size must be greater than or equal to the sum of sample sizes from UAE and ADH

Comments

Note: To provide the maximum number of patients allocated for UAE specifically for Abu Dhabi in the competitive accrual if available

Study collaborating institutes

Will the proposed research will be done in collaboration with other collaborating institutes?

☐ No

Funding details

Is this research being funded?

☐ No

5- You must fill all required information for Background page

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Background

Applicant will not be able to access the next tap unless he confirms the previous one

All fields are required

Study Title

Note: Both long and short title (if applicable) of the proposed study

Please Enter Text

Literature Review

Note: Please provide a background (with cited references) describing what's known (or not known) about the topic including definitions. In addition, include a critical review of weaknesses and gaps (in the method used, for example) in the literature reviewed (maximum 500 words)

Please Enter Text

Study Rationale

Note: Provide a justification to undertake the study and also outline its potential value (maximum 500 words)

Please Enter Text

Study Aim and Objectives

Please ensure that the objectives are linked to the aim of study and follow the SMART style, preferably numbered or in bullet points. Use active verbs like identify, establish, describe, determine, estimate, develop, compare, analyze, collect, assess, measure, etc. and refer to specific variables and outcome measures (maximum 500 words)

Please Enter Text

Outcome measures

Primary and secondary outcomes (endpoints) to be assessed (maximum 500 words)

1 Please Enter Text

Study limitation

Note: describe about study limitation if any (maximum 500 words)

Please Enter Text

6- You must fill all required information for Methodology page

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Methodology

Applicant will not be able to access the next tap unless he confirms the previous one

All fields are required

Interventional studies details

Applicable/not applicable

Observation studies details

Applicable/not applicable

Study Setting

General description of the study place or context such as health centers (or a specific place or clinic, inpatient, online (internet based), shared data, etc.

Please Enter Text

Are vulnerable population involved as subjects or patients?

No

Inclusion criteria

A list to be provided

Please Enter Text

Exclusion criteria

A list to be provided

Please Enter Text

Sampling

Applicable/not applicable

Data Collection

Applicable/not applicable

7- You must fill all required information for Ethical consideration page

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البيانات

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Ethical Considerations

Applicant will not be able to access the next tap unless he confirms the previous one

All fields are required

Informed Consent process

Informed Consent Required?

No

Justification

Please Enter Text

0/500

Justification to be provided

Risk-Benefit Assessment

Risks and Benefits of The Proposed Research

1- Possible Risks

Indicate if the participants might experience any of the following risks

Physical risk (including any bodily contact or administration of any substance)?

No

Psychological risks (including feeling demeaned, embarrassed, worried or upset)?

No

Social risks (including possible loss of status, legal risk, privacy and/or reputation as well as economic risks)?

No

Are any possible risks to participants greater than those the participants might encounter in their everyday life?

No

Misrepresentation/Trick: Is there any Misrepresentation/Trick involved in this research?

No

In case of adverse event that require emergent medical attention due to the conduction of the experiment, it is the PI responsibilities to secure access to emergency services within a hospital setting either within the premise or within the vicinity nearby.

2- Possible Benefits

Discuss any potential benefits to the scientific community/society that justify involvement of participants in this study.

(Please Note: Benefits should not be confused with compensation or reimbursement for taking part in the study)

Please Enter Text

0/1000

Confidentiality

Confirmation of compliance to relevant laws, standards and guidelines being followed locally and internationally

No

Study participants have the right to withdraw from the study

No

8- You must fill all required information for Data management and analysis page
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Kuwaiti Arabic

#ADHRTC-2025-23891

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- ① Administrative Information
- ② Background
- ③ Methodology
- ④ Ethical Considerations
- ⑤ Data Management and Analysis**
- ⑥ Study relevant documents
- ⑦ Principal Investigator Declaration
- ⑧ Sign Off & Submit

Data Management and Analysis

Applicant will not be able to access the next step unless he confirms the previous one

⚠ All fields are required ✕

ACTION	Y N NA	REMARKS
The research involves Protected Health Information (PHI) or Personally identifiable information (PII)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text
PHI/PII transferred/made available and/or hosted outside UAE at any time during or after the research?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text
Secure data exchange channels defined & agreed for PHI/PII exchange	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text
NDA signed with data recipients as needed/applicable	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text
Data retention period defined & agreed	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text
The research involves parties from outside UAE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Please Enter Text

*If data will be sent outside UAE, Information Security Exemption form must be completed

- The research requires data from Department of Health or Abu Dhabi Public Health Center partially or completely during any stage?

Ⓜ No

- If other Department of Health databases, Is there an agreement with the business owners?

Ⓜ No

Compliance Requirements

1. Information Exchange
 - Classification and Control:
All information exchanged shall be classified, tagged, and controlled, as per the requirements of the classification. Please refer to **ABU DHABI HEALTHCARE INFORMATION AND CYBER SECURITY STANDARD (ADHCIS)** for more details about Information Classification.
 - Pre-defined Structure:
All information exchanged shall be in a pre-defined structure agreed upon by both parties, which provides the minimum information required for the specific purpose.
 - Approved Channels:
All information exchange shall only be through approved channels agreed by both parties, in compliance with the requirements of the classification.
2. Administration
 - NDA:s
All receiving parties shall sign separate NDAs for ensuring maintenance of confidentiality of all information handled.
 - Binding Agreements:
There shall be binding agreements with parties for ensuring maintenance of confidentiality of all information handled.
3. Further Sharing of Information
 - Written Consent:
Any, and all requirements to share the information further with any third parties under any circumstances shall be only after obtaining written consent from the Discloser party and DoH.
 - Classification Assurance:
Any information shared further shall be only after the assurance that the information be classified, tagged, and controlled, as per the requirement of the classification.
 - No Further Sharing:
No third party shall share the information further under any circumstances.
4. Incident Management
 - Reporting of Breaches:
Any, and all compromises and breaches shall be informed to the DoH immediately along with the impact analysis and consequences.
 - Incident Report:
Incident report shall be shared with the DoH along with the root cause analysis within 1 day of the resolution of the breach or compromise.
5. Technology & Assurance
 - Audits:
The DoH shall be allowed to conduct audits on the premises and systems of the Requestors as deemed without any advanced notice.
6. Termination & Data Retention
 - Deletion of Information:
All information shared by the Discloser party shall be deleted immediately from all systems belonging to the Receiver(s) and all third parties upon termination or expiry of the agreement unless mandated otherwise by any applicable laws.
 - Confidentiality Post-Termination:
The Receiver(s) shall be responsible for protecting the confidentiality of any information thus retained until it is required, post which the information shall be deleted from all systems belonging to the Receiver(s) and all third parties.

9- You must upload all required documents

يجب رفع جميع الملفات المطلوبة

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Taha Hamingtondon.gov.za

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Created Date 2025-08-21 11:11 AM

Saved On 2025-08-21 11:11 AM

Draft

1

Administrative Information

Applicant will not be able to access the next tap unless he confirms the previous one

List of submitted documents for review along with version and dates

Note:You can upload multiple files at once, as long as the total size of all files in one upload does not exceed 30 MB

2

Background

• Table

+ Add Document Section

Document	If Applicable	Version	Date (DDMMYYYY)		Files
1. Study cover letter signed by the PI	Required	0	0		
2. Detailed protocol/proposal	Required	0	0		
3. Principal Investigator and Research team CVs and GCP*	Required	0	0		
4. Consent forms	If applicable				
5. Data collection sheet	If applicable				
6. Case report form	If applicable				
7. Indemnity Insurance	If applicable				
8. Interventional study related documents	If applicable				

*CVs must be up to date and GCPs must be valid

Supported File Formats (30 MB per file per upload)

Image formats

*png *jpeg

*gif *GIF

*JPG *JPEG 2000

*tiff *TIFF 2000

*png *PNG

*gif *GIF

*bmp *BMP

*tif *TIFF

*tif *TIFF

*webp *WEBP

*svg *SVG

*svg *SVG

Document formats

*pdf *PDF

*doc *DOC (MS)

*docx *DOCX

*xls *XLS (MS)

*xlsx *XLSX

*ppt *PPT (MS)

*pptx *PPTX

*xls *XLS

*xlsx *XLSX

*odp *ODP

Compressed formats

*zip *ZIP

*rar *RAR

*7z *7Z

*tar *TAR

*gz *GZIP

*xz *XZ

3

Methodology

4

Ethical Considerations

5

Data Management and Analysis

6

Study relevant documents

7

Principal Investigator declaration

8

Sign Off & Submit

12

DEPARTMENT OF HEALTH

11- Please upload sign off application cover letter and click on confirm & submit.

يرجى الضغط على موافق وتقديم الطلب بعد رفع الملف المطلوب

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tramdian@doh.gov.ae

#ADHRTC-2025-23891

Created Date 2025-08-21 11:11 AM

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Draft

1Administrative Information

2Background

3Methodology

4Ethical Considerations

5Data Management and Analysis

6Study relevant documents

7Principal Investigator declaration

Sign Off & Submit

Submit

Final step submitter must sign it from principal investigator

All fields are required

Description will be as follow: A signed letter by the Principal Investigator with a:
i. Concise summary of the research study.
ii. All documents submitted along with the application submission package.

Upload signed off application cover letter

No file chosen

save as draft not supported with signoff doc

Confirm & Submit

12- In Home page all draft requests and you can click on any request to continue. في الصفحة الرئيسية جميع طلبات المسودات ويمكنك النقر على أي طلب للمتابعة

دولة الصحة
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Institutional Review Board

Applications

English

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tramdian@doh.gov.ae

Applications

Review your applications, create a draft if needed, and keep track of your submissions.

Draft (2)

Submitted

Approved

Disapproved

Create New

Search

show 12 entries of 2 page 1 of 1

ID .NO	CREATED DATE	UPDATED DATE	STATUS
ADHRTC-2025-23891	2025-08-21 11:11 AM	2025-08-21 11:11 AM	Draft
ADHRTC-2025-42488	2025-08-21 11:09 AM	2025-08-21 11:09 AM	Draft

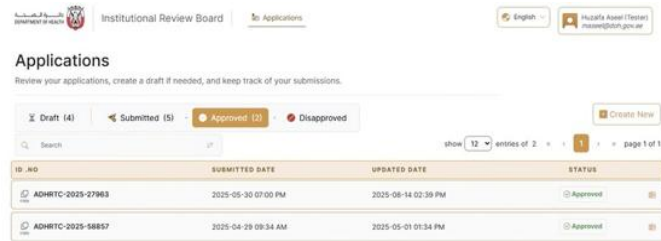
13

TOC

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13- In Home page, there is tab for approved requests.

. في الصفحة الرئيسية، هناك علامة تبويب للطلبات المعتمدة



Applications

Review your applications, create a draft if needed, and keep track of your submissions.

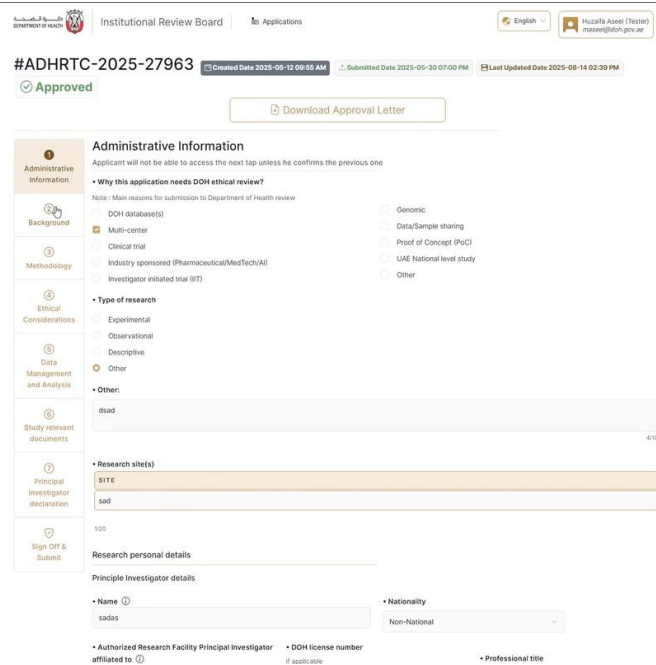
Draft (4) Submitted (5) Approved (2) Disapproved

show 12 entries of 2 page 1 of 1

ID .NO	SUBMITTED DATE	UPDATED DATE	STATUS
ADHRTC-2025-27963	2025-05-30 07:00 PM	2025-06-14 02:39 PM	Approved
ADHRTC-2025-58857	2025-04-29 09:34 AM	2025-05-01 01:34 PM	Approved

14- Applicant can click on any approved request to download the approval letter.

. يمكن للمتقدم الضغط على أي طلب معتمد لتحميل خطاب الموافقة



#ADHRTC-2025-27963

Created Date 2025-05-12 09:55 AM Submitted Date 2025-05-30 07:00 PM Last Updated Date 2025-06-14 02:39 PM

Approved

Download Approval Letter

Administrative Information

Applicant will not be able to access the next tab unless he confirms the previous one

Why this application needs DOH ethical review?

Note : Main reasons for submission to Department of Health review

DOH database(s)

☒ Multi-center

☐ Clinical trial

☐ Industry sponsored (Pharmaceutical/MedTech/AI)

☐ Investigator initiated trial (IT)

☐ Genomic

☐ Data/Sample sharing

☐ Proof of Concept (PoC)

☐ UAE National level study

☐ Other

Type of research

☐ Experimental

☐ Observational

☐ Descriptive

☒ Other

Other:

dead

Research site(s)

SITE

sad

Research personal details

Principle Investigator details

Name

sadas

Nationality

Non-National

Authorized Research Facility Principal Investigator

affiliated to

DOH license number

If applicable

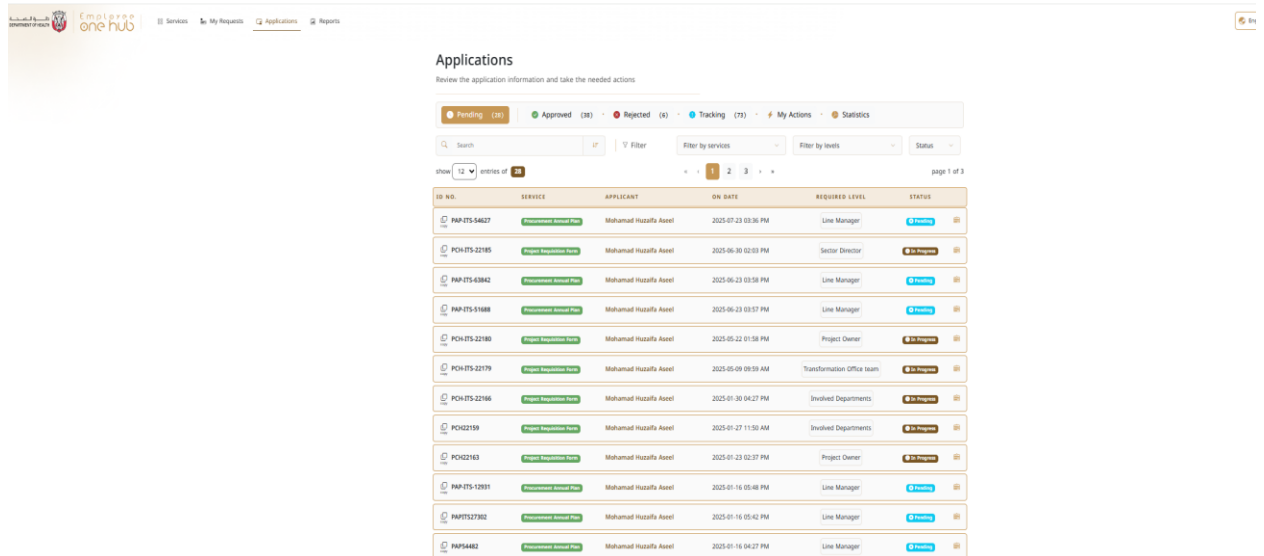
Professional title

15-

DEPARTMENT OF HEALTH

- The next step for Approve the request from e-service system.

16- The application will appear in e-service system.



Applications
Review the application information and take the needed actions

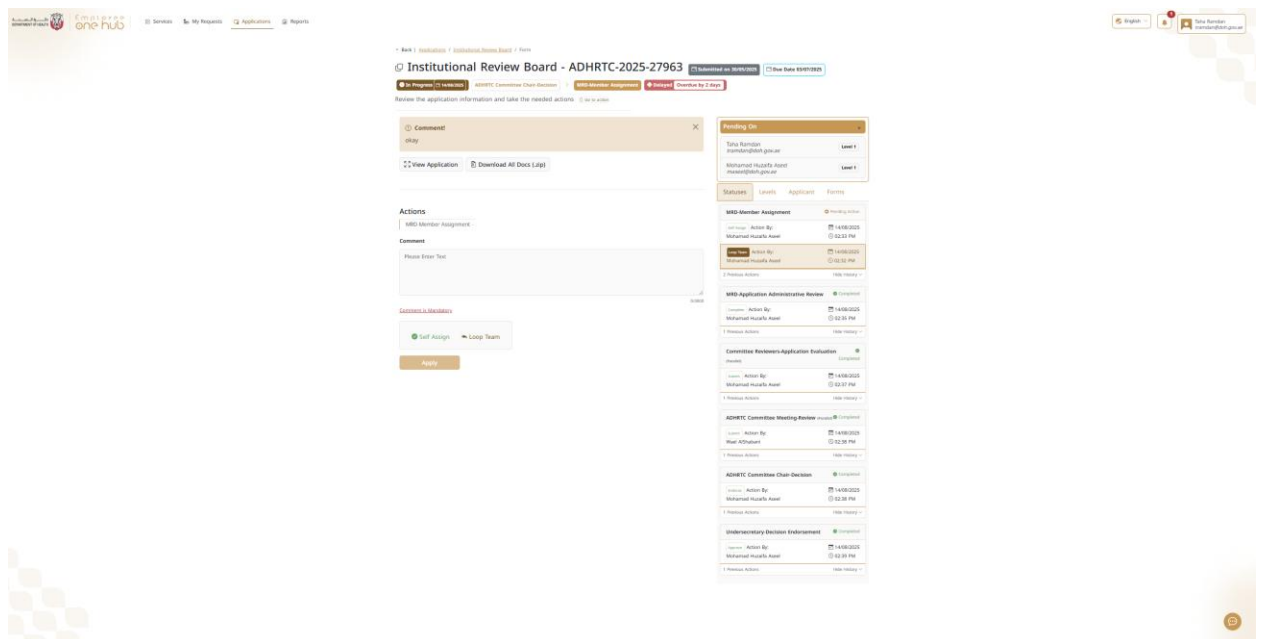
[Pending \(38\)](#)
[Approved \(38\)](#)
[Rejected \(0\)](#)
[Tracking \(71\)](#)
[My Actions](#)
[Statistics](#)

Search
 Filter
 Filter by services
 Filter by levels
 Status

Show 12 entries of 38
 1 2 3 4
 page 1 of 3

ID NO.	SERVICE	APPLICANT	ON DATE	REQUIRED LEVEL	STATUS
PAF-075-54827	Project Request Form	Muhamad Hussafa Asael	2025-07-23 03:36 PM	Line Manager	Pending
PCH-075-22185	Project Request Form	Muhamad Hussafa Asael	2025-06-30 02:03 PM	Sector Director	Pending
PAF-075-63842	Project Request Form	Muhamad Hussafa Asael	2025-06-23 03:58 PM	Line Manager	Pending
PAF-075-51688	Project Request Form	Muhamad Hussafa Asael	2025-06-23 03:57 PM	Line Manager	Pending
PCH-075-22180	Project Request Form	Muhamad Hussafa Asael	2025-05-22 01:58 PM	Project Owner	Pending
PCH-075-22179	Project Request Form	Muhamad Hussafa Asael	2025-05-09 09:59 AM	Transformation Office team	Pending
PCH-075-22166	Project Request Form	Muhamad Hussafa Asael	2025-01-30 04:27 PM	Involved Departments	Pending
PCH02159	Project Request Form	Muhamad Hussafa Asael	2025-01-27 11:50 AM	Involved Departments	Pending
PCH02163	Project Request Form	Muhamad Hussafa Asael	2025-01-23 02:37 PM	Project Owner	Pending
PAF-075-12851	Project Request Form	Muhamad Hussafa Asael	2025-01-16 05:48 PM	Line Manager	Pending
PAF07527382	Project Request Form	Muhamad Hussafa Asael	2025-01-16 05:42 PM	Line Manager	Pending
PAF04482	Project Request Form	Muhamad Hussafa Asael	2025-01-16 04:27 PM	Line Manager	Pending

17- The MRD-member can click on the request and click on self-assign to take the request.



Institutional Review Board - ADHRC-2025-27963
Submitted on 06/07/2025 | Due Date 09/07/2025

[To Progress \(1\)](#)
[ADHRC Committee Chair Decision \(1\)](#)
[MRD Member Assignment \(1\)](#)
[Assign \(1\)](#)
[Download by 2 days](#)

Review the application information and take the needed actions

[Comment](#)
[View Application](#)
[Download All Docs \(Log\)](#)

Actions
MRD Member Assignment

Comment
 Please Enter Text

[Self Assign](#)
[Loop Team](#)

Pending On

Data Manager
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

MRD Member Assignment
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

MRD Application Administrative Review
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

Committee Reviewers-Application Evaluation
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

ADHRC Committee Meeting Review
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

ADHRC Committee Chair Decision
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

Undersecretary Decision Endorsement
 Action By
 Muhammad Hussafa Asael
 14/06/2025
 02:58 PM

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18- The MRD-application administrative review can click on complete or disapproved or incomplete to return the request to applicant and click apply with enter comment

Institutional Review Board - ADHRC-2025-27963

MRD Section

Committee upcoming meeting date: 2025-03-01

NAME	TITLE	ENTITY	ROLE	EMAIL	TYPE	ACTIONS
Muhammad Asad	MRD Reviewer Title	DOH Entity	Member	muhammad.asad@doh.gov.ae	Reviewer	

Actions

Comment

Please Enter Text

Complete & Disapprove

Status

MRD Member Assignment

MRD Application Administrative Review

Committee Reviewers Application Evaluation

ADHRC Committee Meeting Review

ADHRC Committee Chair Decision

Undersecretary Decision Instrument

19- The committee reviewer's application should enter committee upcoming meeting date and can add Reviewers after that click on submit with enter comment.

Institutional Review Board - ADHRC-2025-27963

MRD Section

Committee upcoming meeting date: 2025-03-01

NAME	TITLE	ENTITY	ROLE	EMAIL	TYPE
Muhammad Asad	MRD Reviewer Title	DOH Entity	Member	muhammad.asad@doh.gov.ae	Reviewer

Reviewers

Reviewers

Submit

Status

MRD Member Assignment

MRD Application Administrative Review

Committee Reviewers Application Evaluation

ADHRC Committee Meeting Review

ADHRC Committee Chair Decision

Undersecretary Decision Instrument

20- The ADHRTC committee meeting review can click on submit the request with enter comment.

one hub

Services

My Requests

Applications

Reports

English

Taha Randam
member@adwhc.gov.je

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Submitted On: 28/09/2025

Show Date: 28/09/2025

Application Information

MED Application Administrative Review

Download Committee Meeting Report

Do I Want?

Review the application information and take the needed actions.

< Previous

Comment

Not Satisfactory Pending: Olay

X

View Application

Download All Docs (.zip)

MRD Section

Committee upcoming meeting date

Schedule

Reviews

Name	Title	Entity	Role	Email	Type
Husaid Alani	MRD Reviewer Title	DON Entry	Member	husaid@adwhc.gov.je	Reviewer

Reviewer Section

A. Husaid Alani

Do you have any personal or actual conflict(s) of interest with this proposal?

No

Evaluation Criteria

1. Is provided Study Procedures acceptable?

Yes No Not applicable

2. Risks and Benefits are acceptable?

Yes No Not applicable

3. Is Informed Consent acceptable?

Yes No Not applicable

4. Is Health Insurance required?

Yes No Not applicable

5. Confidentiality aspect upheld?

Yes No Not applicable

6. Are there any Potential Conflict of Interest?

Yes No Not applicable

7. Are there any other Considerations request?

Yes No Not applicable

Evaluation Status

Not Satisfactory-Pending

Feedback

Olay

Save

Committee Section

A. Tarek Abdelaziz

Do you have any personal or actual conflict(s) of interest with this proposal?

No

Evaluation Status

Please Select

A. Farouk Mohamed Marzouk

Do you have any personal or actual conflict(s) of interest with this proposal?

No

Evaluation Status

Please Select

A. Ahmad Khalid AL Hicouran

Do you have any personal or actual conflict(s) of interest with this proposal?

No

Evaluation Status

Please Select

A. Wael Aishabouni

Do you have any personal or actual conflict(s) of interest with this proposal?

No

Evaluation Status

Not Satisfactory Requested

Feedback

nada

Save

Actions

ADWHC Committee Meeting Review

Comment

Please Enter Text

Submit

Cancel

Pending On

Taha Randam
taramand@adwhc.gov.je

Last #

Tarek Abdelaziz
tarekab@adwhc.gov.je

Last #

Farouk Mohamed Marzouk
fmarzouk@adwhc.gov.je

Last #

Ahmad AL Hicouran
ahmeda@adwhc.gov.je

Last #

Wael Aishabouni
waila@adwhc.gov.je

Last #

Statuses Levels Applicant Forms

MRD Member Assignment

Completed

Action By

21/09/2025

02:07 PM

Taha Randam

14/09/2025

02:07 PM

Action By

14/09/2025

02:07 PM

Mohamed Husaid Alani

14/09/2025

02:07 PM

Action By

14/09/2025

02:07 PM

Mohamed Husaid Alani

14/09/2025

02:07 PM

Mohamed Husaid Alani

MRD Application Administration Review

Completed

Action By

21/09/2025

02:07 PM

Taha Randam

14/09/2025

02:07 PM

Action By

14/09/2025

02:07 PM

Mohamed Husaid Alani

14/09/2025

02:07 PM

Mohamed Husaid Alani

Committee Reviewers-Application Evaluation

Completed

Action By

21/09/2025

02:07 PM

Taha Randam

14/09/2025

02:07 PM

Action By

14/09/2025

02:07 PM

Mohamed Husaid Alani

14/09/2025

02:07 PM

Mohamed Husaid Alani

ADWHC Committee Meeting Review

Pending

Action By

14/09/2025

02:07 PM

Wael Aishabouni

14/09/2025

02:07 PM

Mohamed Husaid Alani

ADWHC Committee Chair Decision

Completed

Action By

14/09/2025

02:07 PM

Taha Randam

14/09/2025

02:07 PM

Mohamed Husaid Alani

Undersecretary Decision Endorsement

Completed

Action By

14/09/2025

02:07 PM

Taha Randam

14/09/2025

02:07 PM

Mohamed Husaid Alani

14/09/2025

02:07 PM

Mohamed Husaid Alani

21- The ADHRTC committee chair-Decision can click on endorse to approve the request with enter comment or return the request to any team or applicant.

The screenshot displays the ADHRTC Institutional Review Board (IRB) system interface for application ADHRTC-2025-27963. The interface is divided into several sections:

- Header:** Includes the Department of Health logo, navigation links (Home, My Requests, Applications, Reports), and user information (English, User Account).
- Application Details:** Shows the application number ADHRTC-2025-27963, status (Submitted on 09/05/2025), and a link to view the application details.
- Comments:** A section for adding or viewing comments. A comment is visible: "Non Satisfactory Request: aus(A)".
- MRD Section:** Contains a table for the MRD (Member Review Data) with columns: Name, Title, Entity, Role, Email, and Type. The table lists reviewers: Hudaib Alsal, MRD Reviewer Title, DCH Entity, Member, muhammadhudaib@gmail.com, and Reviewer.
- Reviewer Section:** A series of evaluation questions for reviewers to complete. Questions include:
 - 1. Is provided study Procedures acceptable?
 - 2. Risks and Benefits are acceptable?
 - 3. Is Informed Consent acceptable?
 - 4. Is Health Insurance required?
 - 5. Confidentiality aspect satisfied?
 - 6. Are there any Potential (Conflict) of Interest?
 - 7. Are there any other Considerations required?
- Evaluation Status:** A dropdown menu showing the current status: "Not Satisfactory Pending".
- Feedback:** A text area for providing feedback.
- Committee Section:** A section for committee members to provide input. It includes questions for each member (e.g., "Do you have any potential or actual conflicts of interest with this proposal?") and a dropdown for "Evaluation Status".
- Actions:** A section for the committee chair to make a decision. It includes a "Comments" text area and a "Comment & Decision" section with buttons for "Endorse", "Return To MRD team", "Return To Committee Reviewers", and "Return To Applicant".

22- The undersecretary-Decision can approve, disapprove or send back the request.

[illegible]

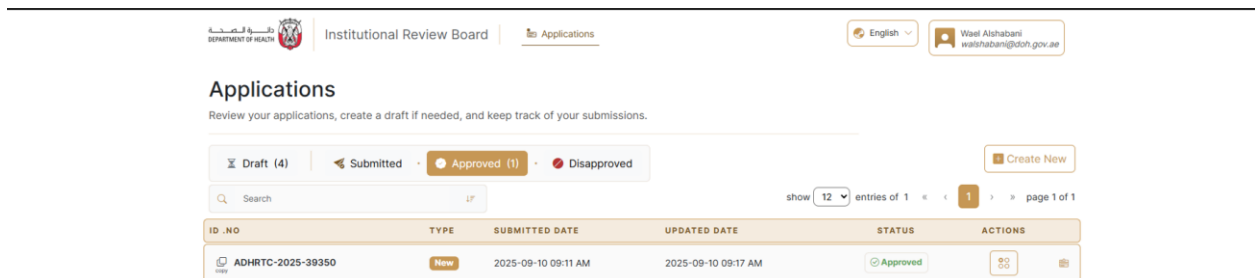
23- The below is the final page and can click on download approval letter.

The screenshot displays the final page of the Institutional Review Board (IRB) portal for the application ADHRC-2025-27963. The page is divided into several sections:

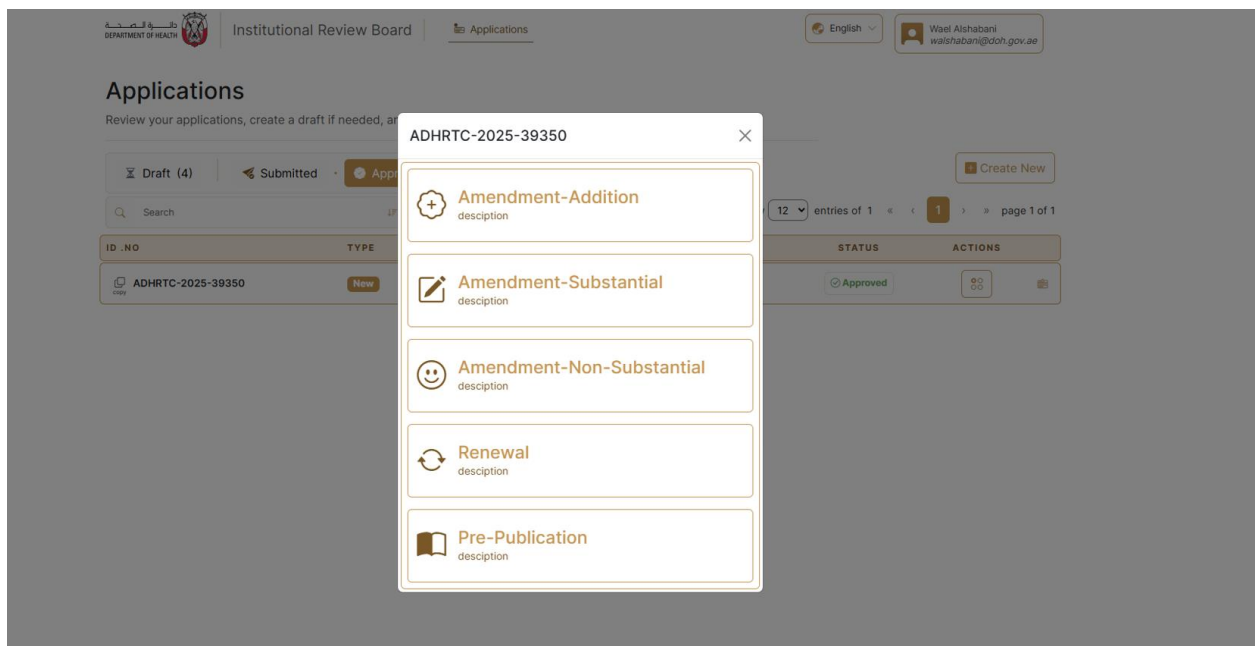
- Header:** Includes the Department of Health logo and navigation links for Services, My Requests, Applications, and Reports. The user is logged in as Sara Numan (saranuman@dh.gov.jo).
- Application Details:** Shows the application ID ADHRC-2025-27963, submitted on 2025-05-05, and the review status (Submitted on 2025-05-05).
- MRD Section:** Contains a comment box, a table of reviewers, and a section for the committee upcoming meeting date (2025-05-05).
- Reviewer Section:** Includes a table of reviewers with columns for Name, Title, Entity, Role, Email, and Type. The reviewers listed are Sara Numan (MRD Reviewer Title, DCH Entity, Member, saranuman@dh.gov.jo) and Sara Numan (MRD Reviewer Title, DCH Entity, Member, saranuman@dh.gov.jo).
- Committee Section:** Includes a table of committee members with columns for Name, Title, Entity, Role, Email, and Type. The committee members listed are Sara Numan (MRD Reviewer Title, DCH Entity, Member, saranuman@dh.gov.jo) and Sara Numan (MRD Reviewer Title, DCH Entity, Member, saranuman@dh.gov.jo).
- Feedback Section:** A text area for providing feedback on the application.
- Download Approval Letter:** A button to download the final approval letter.

- This section explains the step-by-step procedure on how to access some of services after IRB request is approve.

- 1- The first step that after the IRB request approved, the applicant can click on Actions to access some of services.



- 2- All services will be display and applicant can access any one of the services.



DEPARTMENT OF HEALTH

- 3- The applicant can access the service of “Amendment-Addition” and should fill all data after that click on confirm & submit


 Institutional Review Board | Applications
 English
Waleed Alshabani w.alshabani@doh.gov.ae

#ADHRTC-ADA-2025-56375 Amendment-Addition (ADHRTC-0025-56380) Created Date 2025-09-10 09:40 AM Saved On 2025-09-10 09:41 AM

Draft

Addition Information Please fill the required fields Print

Research personal details

Principal Investigator details

• Name ^① Nationality

• Authorized Research Facility Principal Investigator affiliated to ^②

• DOH license number

• Professional title

• Official/Institutional email

• Mobile Number

Personal email is not accepted

Principal Investigator experience on the matter of the study

• Does the Principal investigator have prior experience in this specialized field of study?

☐ No

Research team details and role Add Item

Note:

- Study specific designation includes: Co-Investigator (Co-I), Research Coordinator (RC), Biostatistician (BS), Other (O)
- Affiliation is the facility they are working at right now
- Role: Obtain informed consent, Obtain data through communication or interpersonal contact or interaction, Obtain private identifiable human subject's data or samples, Obtain data through intervention, Access human subject's medical records, Other
- Local institute email to be provided as personal emails are not accepted; otherwise, justification to be provided as it might not be accepted as well

STUDY SPECIFIC NAME	DESIGNATION	AFFILIATION	ROLE IN THE STUDY	PROFESSIONAL TITLE	E-MAIL ADDRESS	MOBILE NO.	ACTIONS
0/0							


 Institutional Review Board | Applications
 English
Waleed Alshabani w.alshabani@doh.gov.ae

#ADHRTC-ADA-2025-56375 Amendment-Addition (ADHRTC-0025-56380) Created Date 2025-09-10 09:40 AM Saved On 2025-09-10 09:41 AM

Draft

Supporting Documents Please fill the required fields Print

List of submitted documents for review along with version and dates

Note: You can upload multiple files at once, as long as the total size of all files in one upload does not exceed 30 MB

Table Add Document Section

Document	If Applicable	Version	Date (DDMMYYYY)	Files
1. New PI documents	Required	test	11/09/2025	

2. Informed Consent Forms If applicable

*CVs must be up to date and GCPs must be valid

Supported File Formats (30 MB per file per upload)

Image formats	Document formats	Compressed formats
*.gif, *.png, *.jpg, *.jpeg	*.doc, *.docx, *.pdf, *.xls, *.xlsx, *.ppt, *.pptx, *.rtf, *.txt, *.csv, *.xml, *.json, *.yaml, *.yml, *.ini, *.log, *.xml, *.xsl, *.xslt, *.xsd, *.xsd, *.xsd	*.zip, *.rar, *.7z, *.tar, *.gz, *.bz2, *.xz, *.tgz, *.tar.gz, *.zip, *.rar, *.7z, *.tar, *.gz, *.bz2, *.xz, *.tgz, *.tar.gz


 Institutional Review Board | Applications
 English
Waleed Alshabani w.alshabani@doh.gov.ae

#ADHRTC-ADA-2025-56375 Amendment-Addition (ADHRTC-0025-56380) Created Date 2025-09-10 09:40 AM Saved On 2025-09-10 09:43 AM

Draft

Submit Final step submitter must sign it from principal investigator Print

Supporting Documents

• Upload signed off application cover letter

UAT Document - O...mmittize (003).pdf

save as draft not supported with signoff doc

UAT Document - CD Committee (003).pdf

Confirm & Submit

DEPARTMENT OF HEALTH

- 4- After submitting the request should proceed with some of approvals (MRD-Team, Co-chair and Committee chair)

DEPARTMENT OF HEALTH | Employee one hub | Services | My Requests | Applications | Reports | Contracts

English | 20 | Wael AlShabani | walshabani@doh.gov.ae

Back | Applications | Institutional Review Board | Form

Addition - Institutional Review Board - ADHRTC-ADA-2025-56375

Submitted on: 10/09/2025

Due Date: 16/09/2025 | Pending | 15/09/2025 | Applicant | MRD-Team | In 2 days

Review the application information and take the needed actions | Go to action

View Application | View Relative Application | Download All Docs (.zip)

Actions

MRD-Team -

Comment

Please Enter Text

Comment is Mandatory

Complete | Disapproved | Incomplete

Apply

Pending On

Reviewer	Level
Wael AlShabani walshabani@doh.gov.ae	Level 1
Mohamad Huzaila Aseel maseel@doh.gov.ae	Level 1
Amna Mohamed Al Obaidli aalobeidli@doh.gov.ae	Level 1

Statuses

Reviewer	Status
MRD-Team	Pending Action
Co-Chair	Pending Action
Committee Chair	Pending Action

- 5- The applicant can access the service of “Amendment-Substantial” and should fill all data after that click on confirm & submit

DEPARTMENT OF HEALTH | Institutional Review Board | Applications

English | Wael AlShabani | walshabani@doh.gov.ae

#ADHRTC-SUA-2025-44319

Amendment-Substantial | ADHRTC-2025-39250 | Created Date: 2025-09-10 09:49 AM

Saved On: 2025-09-10 09:49 AM | Draft

Proposed Amendments

Please fill the required fields

You can select more than one

- ☐ Change in the study title
- ☐ Changes to the design or methodology of the study, or to background information likely to have a significant impact on its scientific value.
- ☐ Changes to the procedures undertaken by participants.
- ☐ Changes likely to have a significant impact on the safety or physical or mental integrity of participants, or to the risk/benefit assessment for the study.
- ☐ Significant changes to study documentation such as participant information sheets, consent forms, questionnaires, letters of invitation, Investigator Brochure, etc.
- ☐ A change of sponsor(s).
- ☐ A change to the insurance or indemnity arrangements for the study.
- ☐ Temporary halt of a study due to safety-related matters, and the planned restart of a study following a temporary halt.
- ☐ A change to the definition of the end points of the study.
- ☐ Any other significant change to the protocol or the terms of the application.

Sign Off & Submit

Print

#ADHRTC-SUA-2025-44319

Amendment-Substantial

ADHRTC-2025-38350

Created Date 2025-09-10 09:49 AM

Saved On 2025-09-10 09:49 AM

Draft

1

Proposed Amendments

2

Details & Compliance

3

Relevant Documents

4

Principal Investigator Declaration

5

Sign Off & Submit

Details

Please fill the required fields

All fields are required

A brief about the proposed amendment(s) selected in the previous question

500 words

Please Enter Text

0/5000

Justification for the proposed amendment(s)

Please Enter Text

0/5000

Are any of these proposed amendment(s) because of something that occurred during human participant interaction or an unexpected event?

No

Confirmation that the original & the revised documents are attached for the proposed amendment(s)

No

Please Enter Text

0/5000

Information Security Compliance and Data Privacy

Within this application, Protected Health Information (PHI) or Personally Identifiable Information (PII) transferred/made available and/or hosted outside UAE at any time during or after the research

No

Details

Please fill the required fields

The research requires data from the Department of Health or Abu Dhabi Public Health Center partially or completely during any stage?

No

Compliance Requirements

1. Information Exchange

a. Classification and Control:

All information exchanged shall be classified, tagged, and controlled, as per the requirements of the classification. Please refer to **ABU DHABI HEALTHCARE INFORMATION AND CYBER SECURITY STANDARD (ADHICS)** for more details about Information Classification.

b. Pre-defined Structure:

All information exchanged shall be in a pre-defined structure agreed upon by both parties, which provides the minimum information required for the specific purpose.

c. Approved Channels:

All information exchange shall only be through approved channels agreed by both parties, in compliance with the requirements of the classification.

2. Administration

a. NDAs:

All receiving parties shall sign separate NDAs for ensuring maintenance of confidentiality of all information handled.

b. Binding Agreements:

There shall be binding agreements with parties for ensuring maintenance of confidentiality of all information handled.

3. Further Sharing of Information

a. Written Consent:

Any, and all requirements to share the information further with any third parties under any circumstances shall be only after obtaining written consent from the Discloser party and DoH.

b. Classification Assurance:

Any information shared further shall be only after the assurance that the information be classified, tagged, and controlled, as per the requirements of the classification.

c. No Further Sharing:

No third party shall share the information further under any circumstances.


4. Incident Management

a. Reporting of Breaches:

Any, and all compromises and breaches shall be informed to the DoH immediately along with the impact analysis and consequences.

b. Incident Report:

Incident report shall be shared with the DoH along with the root cause analysis within 1 day of the resolution of the breach or compromise.



DEPARTMENT OF HEALTH

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MINISTRY OF HEALTH

Institutional Review Board

Applications

#ADHTRC-SUA-2025-44319

English >

Wael Alshabari
w.alshabari@dh.gov.ae

Saved On 2025-09-10 09:48 AM

Draft

Amendment - Submitter (1 Amendment: 0205-0405)

Created Date 2025-09-10 09:48 AM

- ① Proposed Amendments
- ② Details & Compliance
- ③ Relevant Documents
- ④ Principal Investigator Declaration
- Sign Off & Submit

Principal Investigator declaration

Please fill the required fields

Ⓛ All fields are required ✕

Conflict of Interest Disclosure

The REC policy requires that members of the faculty conducting research involving human participants at the institute must disclose known significant financial interests that would reasonably appear to be affected by the research project, and that if the interest is deemed to constitute a conflict of interest with the proposed research, the conflict has to be managed prior to the faculty member's engaging in the research with human participants.

- Are you, a family member, or spouse the inventor of any products, novel treatment under evaluation, or technology used in the research?

☐ Yes ☒ No
- Do you, or does a family member, or spouse have fiduciary role or have an ownership interest in any entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?

☐ Yes ☒ No
- Do you or does any family member, or spouse receives income/payments from an entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?

☐ Yes ☒ No
- Is the research sponsored by a company for which you, and/or a family member consult, serve on its scientific advisory board, data safety monitoring board, or board of directors or have a paid position?

☐ Yes ☒ No
- Is the research sponsored by a company for which you (or your spouse or your children) hold any ownership interest (stock, not including stock owned through a mutual fund) or from which you are entitled to receive royalties from a licensing agreement?

☐ Yes ☒ No
- Is the research sponsored by a company?

☐ Yes ☒ No
- The value of my remuneration or financial interest exceeds DH 10000

☐ Yes ☒ No
- Are you, a family member, or spouse receive other remuneration (trips, gifts...etc.)

☐ Yes ☒ No
- What is (are) the name(s) of the company or entity for which you will be engaging in the external activity (if applicable)?

Principal Investigator declaration

Please fill the required fields

- is the research sponsored by a company?

☐ Yes ☒ No
- The value of my remuneration or financial interest exceeds DH 10000

☐ Yes ☒ No
- Are you, a family member, or spouse receive other remuneration (trips, gifts...etc.)

☐ Yes ☒ No
- What is (are) the name(s) of the company or entity for which you will be engaging in the external activity (if applicable)?

1 Please Enter Text

• Please provide a brief description of the nature of your relationship with the entity, and the amount of your expected remuneration from your financial interest in the outside company or entity; if applicable.

Please Enter Text

Investigators must declare to the REC of any change in circumstances during the development of, or in the course of a project that would mean that they or their family members would receive or hold any of the declarable items described above. Please check the following box if applicable.

☒ I have read the above statement on conflicts of interest. I have nothing to declare now and I will immediately declare in writing to the REC of any conflicts of interest.


Principal Investigator Certification

I agree to:

- Comply with the provision of the UAE Federal law on the subject of medical liability, and its implementing Regulations governing research on human subjects, terms, rules & procedures regulating research / medical trials protocol & standards issued by the DOH, and all other applicable UAE Federal Laws & Regulations not limited to, UAE Federal Law No.2 of 2019, and Abu Dhabi Healthcare Information and Cyber Security [ADHCIS] Standard.
- I also understand the absolute need to:
 - Design the study with the standards set by the DOH and other sponsoring agencies.
 - Obtain prior approval from the REC before commencing the research protocol or the approved consent form.
 - Report to the REC in accordance with REC policy, any adverse events (and/or unanticipated problems) involving risks to participants.
 - Submit a progress report both annually and whenever requested by the REC/DOH.
 - Submit the Approval Form/Completion Form as needed.
 - Ensure that each individual listed as study personnel in this application is knowledgeable of the study procedures described in the proposal.
 - Include the REC approval no. in any published paper coming out of this study.
 - Abide to the items and conditions listed in the attached files, including but not limited to the researcher guide, study proposal, informed consent, etc.

Abide timely with all the requested reports as forms, as failure to do so will entitle the REC to terminate the approval already granted to the study under the

DEPARTMENT OF HEALTH

 Institutional Review Board | Applications

English | Wael AlShabani w.alshabani@doh.gov.ae

#ADHRTC-SUA-2025-44319 Amendment-Substantial (ADHRTC-2025-0930) Created Date 2025-09-10 09:49 AM

Saved On 2025-09-10 09:49 AM | Draft

1 Proposed Amendments

2 Details & Compliance

3 Relevant Documents

4 Principal Investigator Declaration

5 Sign Off & Submit

Submit

Final step submitter must sign it from principal investigator

All fields are required

Description will be as follow: A signed letter by the Principal Investigator with a:
i. Concise summary of the research study.
ii. All documents submitted along with the application submission package.

Upload signed off application cover letter

No file chosen

save as draft not supported with signoff doc

Confirm & Submit

Print

- 6- After submitting the request should proceed with some of approvals (MRD-Team, Co-chair, DOH-Genome, Info-Sec Committee chair and undersecretary)

Back | Applications | Institutional Review Board | Forms

Substantial - Institutional Review Board - ADHRTC-SUA-2025-61955 Submitted on 01/09/2025

Due Date 16/09/2025 In Progress 02/09/2025 Co-Chair, DOH Genome & Info sec Committee Chair Delayed Overdue by 6 days

Review the application information and take the needed actions Go to action

Comment!

asdad

View Application View Relative Application Download All Docs (.zip)

Actions

Committee Chair

Comment

Co-Chair: asdad
Genome: asdad
InfoSec: asdad

Comment is Mandatory

Approve Reject Return for clarification Incomplete

Apply

Pending On

Mohamad Huzaifa Aseel maseel@doh.gov.ae Level 3
 Amna Mohamed Al Obeidli a.alobeidli@doh.gov.ae Level 3
 Wael AlShabani w.alshabani@doh.gov.ae Level 3

Statuses Levels Applicant Forms

MRD-Team Completed

Complete Action By: Mohamad Huzaifa Aseel
 02/09/2025 08:55 AM

1 Previous Actions Hide History

Co-Chair, DOH Genome & info sec (parallel)

Co-Chair Completed

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 09:10 AM

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 08:56 AM

2 Previous Actions Hide History

DOH Genome Completed

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 09:10 AM

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 08:56 AM

2 Previous Actions Hide History

Info Sec Completed

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 09:10 AM

Submit Action By: Mohamad Huzaifa Aseel
 02/09/2025 08:56 AM

2 Previous Actions Hide History

Committee Chair Send Back

Return for clarification Action By: Mohamad Huzaifa Aseel
 02/09/2025 09:10 AM


1 Previous Actions Hide History

Undersecretary Pending Action

0 Previous Actions

DEPARTMENT OF HEALTH

- 7- The applicant can access the service of “Renewal” and should fill all data after that click on confirm & submit



Institutional Review Board
Applications

English
Wael Alshabani
w.alshabani@duh.gov.ae

#ADHRTC-REN-2025-55088

Renewal
ADHRTC-2025-55088
Created Date 2025-09-10 09:55 AM
Saved On 2025-09-10 09:55 AM

Draft

1 Study Info
2 Relevant Documents
3 Principal Investigator Declaration
Sign Off & Submit


Relevant Documents

Please fill the required fields

List of submitted documents for review along with version and dates
Note: You can upload multiple files at once, as long as the total size of all files in one upload does not exceed 30 MB

+ Add Document Section

Document	If Applicable	Version	Date (DDMMYYYY)	Files
<p>*CVs must be up to date and GCPs must be valid</p> <p>Supported File Formats (30 MB per file per upload)</p> <div> <div> Image formats <ul style="list-style-type: none"> *jpg*: "JPEG" *jpeg*: "JPEG" *j2k*: "JPEG 2000" *j2d*: "JPEG 2000" *png*: "PNG" *gif*: "GIF" *bmp*: "BMP" *tif*: "TIFF" *webp*: "WEBP" *ico*: "ICO" *cur*: "CUR" </div> <div> Document formats <ul style="list-style-type: none"> *pdf*: "PDF" *doc*: "DOC (Old)" *docx*: "DOCX" *xls*: "XLS (Old)" *xlsx*: "XLSX" *ppt*: "PPT (Old)" *pptx*: "PPTX" *xsl*: "XSL" *xslx*: "XSLX" *xslm*: "XSLM" *xslx*: "XSLX" </div> <div> Compressed formats <ul style="list-style-type: none"> *zip*: "ZIP" *rar*: "RAR" *7z*: "7z" *gz*: "GZIP" *bz2*: "BZIP2" *xz*: "XZ" </div> </div>				



Institutional Review Board
Applications

English
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#ADHRTC-REN-2025-55088

Renewal
ADHRTC-2025-55088
Created Date 2025-09-10 09:55 AM
Saved On 2025-09-10 09:55 AM

Draft

1 Study Info
2 Relevant Documents
3 Principal Investigator Declaration
Sign Off & Submit

Principal Investigator declaration

Please fill the required fields

All fields are required

Conflict of Interest Disclosure

The REC policy requires that members of the faculty conducting research involving human participants at the institute must disclose known significant financial interests that would reasonably appear to be affected by the research project and that if the interest is deemed to constitute a conflict of interest with the proposed research, the conflict has to be managed prior to the faculty member's engaged in the research with human participants.

- Are you, a family member, or spouse the inventor of any products, novel treatment under evaluation, or technology used in the research?
☐ Yes ☐ No
- Do you, or does a family member, or spouse have fiduciary role or have an ownership interest in any entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?
☐ Yes ☐ No
- Do you or does any family member, or spouse receives income/payments from an entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?
☐ Yes ☐ No
- Is the research sponsored by a company for which you, and/or a family member consult, serve on its scientific advisory board, data safety monitoring board, or board of directors or have a paid position?
☐ Yes ☐ No
- Is the research sponsored by a company for which you (or your spouse or your children) hold any ownership interest (stock, not including stock owned through a mutual fund) or from which you are entitled to receive royalties from a licensing agreement?
☐ Yes ☐ No
- Is the research sponsored by a company?
☐ Yes ☐ No
- The value of my remuneration or financial interest exceeds DH 10000
☐ Yes ☐ No
- Are you, a family member, or spouse receive other remuneration (trips, gifts... etc.)
☐ Yes ☐ No
- What is (are) the name(s) of the company or entity for which you will be engaging in the external activity (if applicable)?

Please Enter Text


Please provide a brief description of the nature of your relationship with the entity, and the amount of your expected remuneration from, or the value of your financial interest in the outside company or entity; if applicable.

Please Enter Text

Investigator must declare to the REC of any change in circumstances during the development of, or in the course of a project that would mean that they or their spouse, or family members would receive or hold any of the declarable items described above. Please check the following box if applicable.

☐ I have read the above statement on conflicts of interest. I have nothing to declare now and I will immediately declare in writing to the REC of any future conflicts of interest.

DEPARTMENT OF HEALTH



المملكة العربية السعودية

MINISTRY OF HEALTH

Institutional Review Board

Applications

English

Wael Alshabani
w.alshabani@doh.gov.sa

#ADHRTC-REN-2025-55088

Renewal

ADHRTC-2025-39396

Created Date 2025-09-10 09:55 AM

Saved On 2025-09-10 09:55 AM

Draft

1

Study Info

2

Relevant Documents

3

Principal Investigator Declaration

Sign Off & Submit

Submit

Final step submitter must sign it from principal investigator

1 All fields are required

Description will be as follow: A signed letter by the Principal Investigator with a:

i. Concise summary of the research study.

ii. All documents submitted along with the application submission package.

Upload signed off application cover letter

No file chosen

save as draft not supported with signoff doc

Confirm & Submit

8- After submitting the request should proceed with some of approvals (MRD-Team, Co-chair, DOH-Genome, Info-Sec Committee chair and undersecretary)

[Back](#) / [Applications](#) / [Institutional Review Board](#) / [Form](#)

Substantial - Institutional Review Board - ADHRTC-SUA-2025-61955

Submitted on 01/09/2025

Due Date 16/09/2025

In Progress

Completed

Co-Chair, DOH Genome & Info sec

Committee Chair

Delayed

Overdue by 6 days

review the application information and take the needed actions [Go to action](#)

Comment

asad

View Application

View Relative Application

Download All Docs (.zip)

Actions

Committee Chair

Comment

Co-Chair: asdad

Genome: asdad

InfoSec: asdad

Comment is Mandatory

Approve

Reject

Return for clarification

Incomplete

Apply

Pending On

Mohamad Huzaiifa Aseel
maseel@doh.gov.ae

Level 3

Amna Mohamed Al Obeidli
aaloheidli@doh.gov.ae

Level 3

Wael AlShabani
walshabani@doh.gov.ae

Level 3

Statuses

Levels

Applicant

Forms

MRD-Team

Completed

Complete

Action By: Mohamad Huzaiifa Aseel

02/09/2025 08:55 AM

1 Previous Actions

Hide History

Co-Chair, DOH Genome & Info sec (Pending)

Completed

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 09:10 AM

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 08:56 AM

2 Previous Actions

Hide History

DOH Genome

Completed

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 09:10 AM

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 08:56 AM

2 Previous Actions

Hide History

Info Sec

Completed

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 09:10 AM

Submits

Action By: Mohamad Huzaiifa Aseel

02/09/2025 08:56 AM

2 Previous Actions

Hide History

Committee Chair

Send Back

Return for clarification

Action By: Mohamad Huzaiifa Aseel

02/09/2025 09:10 AM

1 Previous Actions

Hide History


Undersecretary

Pending Action

0 Previous Actions

DEPARTMENT OF HEALTH

- 9- The applicant can access the service of “Pre-publication” and should fill all data after that click on confirm & submit



الهيئة العامة
لصحة

Institutional Review Board | Applications

English

Wael Alshabani
w.alshabani@hcr.gov.jo

#ADHRTC-PUB-2025-18036

Pre-Publication
ADHRTC-2025-39356
Created Date 2025-09-10 09:57 AM
Saved On 2025-09-10 09:57 AM

Draft

- 1**
- 2
- 3
- 4

Details

Attachments

Principal Investigator Declaration

Sign Off & Submit

Study

Please fill the required fields.

All fields are required

Ethical and Legal Compliance

- Was ethical approval obtained for the study within your respected institute?

☒ No

If yes, Local IRB approval letter to be uploaded
- Justification
- Does the publication contain any personally identifiable information or sensitive data?

☒ No
- Are all necessary data sharing or publication permissions in place (e.g. from collaborators, institutions, or funders)?

☒ Yes
 ☒ No
 ☒ Not Applicable

Reputational and Political Risk

- Could the content be perceived as critical of national policies, leadership, or public institutions?

☒ No
- Does the paper include comparisons between countries or systems that could be politically sensitive?

☒ No
- Have you confirmed that all statistics and country-level data are consistent with official or reputable sources?

☒ No
- Explain any discrepancies

Publication Details and Authorship

- Have all co-authors reviewed and approved the final version of the manuscript?

☒ No
- What is the target journal(s) or platform for publication?

Conflict of Interest

- Have all authors declared any potential conflicts of interest?

☒ No

[Print](#)

English

Wael Alshabani

walshabani@doh.gov.jo

Institutional Review Board

Applications

#ADHRTC-PUB-2025-18036

Pre-Publication

ADHRTC-2025-39350

Created Date 2025-09-10 09:57 AM

Saved On 2025-09-10 09:57 AM

1

Details

2

Attachments

3

Principal Investigator Declaration

Sign Off & Submit

Attachment Section

Please fill the required fields

List of submitted documents for review along with version and dates
Copy of the Manuscript, Copy of Relevant Documents (Tables, Graphs, Charts, Figures, etc.)
Note: You can upload multiple files at once, as long as the total size of all files in one upload does not exceed 30 MB

Table

Document	If Applicable	Version	Date (DDMMYYYY)	Files
1. Copy of the Manuscript	Required			

*CVs must be up to date and GCPs must be valid

Supported File Formats (30 MB per file per upload)

Image formats

*.jpg": "JPEG"

*.jpeg": "JPEG"

*.jpe": "JPEG 2000"

*.j2k": "JPEG 2000"

*.png": "PNG"

*.gif": "GIF"

*.bmp": "BMP"

*.tif": "TIFF"

*.webp": "WEBP"

*.ico": "ICO"

*.cur": "CUR"

Document formats

*.pdf": "PDF"

*.doc": "DOC (Old)"

*.docx": "DOCX"

*.xls": "XLS (Old)"

*.xlsx": "XLSX"

*.ppt": "PPT (Old)"

*.pptx": "PPTX"

*.odt": "ODT"

*.docx": "DOCX"

*.odp": "ODP"

Compressed formats

*.zip": "ZIP"

*.rar": "RAR"

*.7z": "7z"

*.gz": "GZIP"

*.bz2": "BZIP2"

*.xz": "XZ"

* Add Document Section

#ADHRTC-PUB-2025-18036

Pre-Publication

ADHRTC-2025-39350

Created Date 2025-09-10 09:57 AM

Saved On 2025-09-10 09:57 AM

1

Details

2

Attachments

3

Principal Investigator Declaration

Sign Off & Submit

Principal Investigator declaration

Please fill the required fields

All fields are required

Conflict of Interest Disclosure

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* Are you, a family member, or spouse the inventor of any products, novel treatment under evaluation, or technology used in the research?

Yes

No

* Do you, or does a family member, or spouse have fiduciary role or have an ownership interest in any entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?

Yes

No

* Do you or does any family member, or spouse receives income/payments from an entity that provides materials, novel treatment under evaluation, products, technology, or services in the research?

Yes

No

* Is the research sponsored by a company for which you, and/or a family member consult, serve on its scientific advisory board, data safety monitoring board, or board of directors or have a paid position?

Yes

No

* Is the research sponsored by a company for which you (or your spouse or your children) hold any ownership interest (stock, not including stock owned through a mutual fund) or from which you are entitled to receive royalties from a licensing agreement?

Yes

No

* Is the research sponsored by a company?

Yes

No

* The value of my remuneration or financial interest exceeds DH 10000

Yes

No

* Are you, a family member, or spouse receive other remuneration (trips, gifts... etc.)

Yes

No

* What is (are) the name(s) of the company or entity for which you will be engaging in the external activity (if applicable)?

Please Enter Text

0/200

* Please provide a brief description of the nature of your relationship with the entity, and the amount of your expected remuneration from, or the value of your financial interest in the outside company or entity, if applicable.

Please Enter Text

0/500

Investigators must declare to the REC of any change in circumstances during the development of, or in the course of a project that would mean that they or their spouse, or family members would receive or hold any of the declarable items described above. Please check the following box if applicable.

I have read the above statement on conflicts of interest. I have nothing to declare now and I will immediately declare in writing to the REC of any future conflicts of interest

30

TOC

DEPARTMENT OF HEALTH



Institutional Review Board

Applications

English

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#ADHRTC-PUB-2025-18036

Pre-Publication ADHRTC-2025-39350

Created Date 2025-09-10 09:57 AM

Saved On 2025-09-10 09:57 AM

Draft

- 1 Details
- 2 Attachments
- 3 Principal Investigator Declaration
- Sign Off & Submit

Submit

Final step submitter must sign it from principal investigator

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ii. All documents submitted along with the application submission package.

• Upload signed off application cover letter

No file chosen

save as draft not supported with signoff doc

Confirm & Submit

Print

10- After submitting the request should proceed with some of approvals (MRD-Team, Co-chair, DOH-Genome, Info-Sec Committee chair and undersecretary)

Back | Applications | Institutional Review Board | Forms

PrePublication - Institutional Review Board - ADHRTC-PUB-2025-40089

Submitted on 01/09/2025

Due Date 12/09/2025

Approved

enquiries

Co-Chair, DOH Genome & Info sec

Committee Chair

Review the application information and take the needed actions

Comment!
okay

View Application

View Relative Application

Download All Docs (.zip)

Statutes	Levels	Applicant	Forms
MRD-Team			
Completed	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:26 AM
Completed	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:18 AM
2 Previous Actions			
Co-Chair, DOH Genome & info sec (parallel)			
Co-Chair			
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:26 AM
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:20 AM
2 Previous Actions			
DOH Genome			
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:26 AM
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:20 AM
2 Previous Actions			
Info Sec			
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:26 AM
Submitted	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:24 AM
2 Previous Actions			
Committee Chair			
Approved	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:27 AM
Incomplete	Action By:	Mohamad Huzaila Aseel	01/09/2025 10:24 AM
2 Previous Actions			

