



IT Department Services

IRB System

User Guide – v0.2

Created: Aug 2025

Last Updated: Sep 2025

Created by: Taha Ramadan

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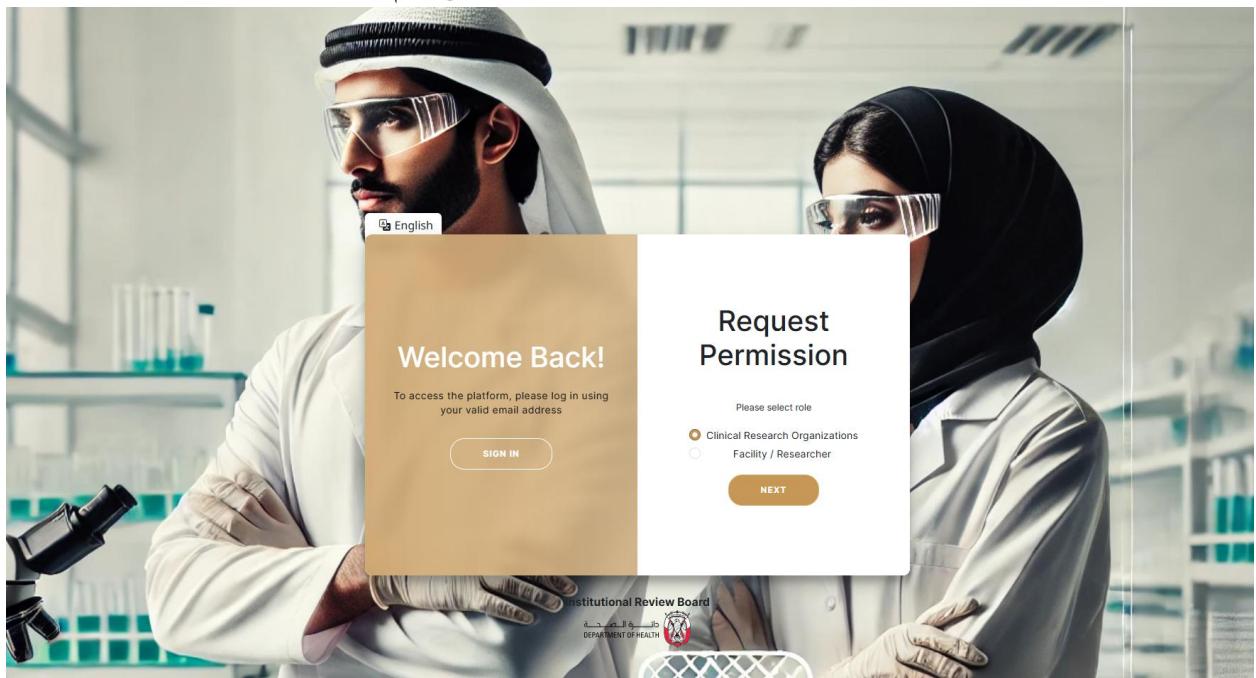
IRB System

- 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



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- 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 ⓘ
Full legal name to personalize communication and verify identity.

Professional Email
Enter valid email ⓘ
Email address associated with your institution for further verification and communication.

Facility ⓘ
Enter facility name / or select ⓘ
Name of the institution you are currently working in: To verify professional affiliation.

Highest Qualification
Enter text ⓘ
Highest Qualification

Justification for Access
Please enter justification ⓘ
0/4000

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
Full legal name to personalize communication and verify identity.

Professional Email
tramdan@doh.gov.ae
Email address associated with your institution for further verification and communication.

Facility ⓘ
MF2058-Tawam Hospital ⓘ
Name of the institution you are currently working in: To verify professional affiliation.

Highest Qualification
Test
Highest Qualification

Justification for Access
Test ⓘ
0/4000

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

A code has been sent

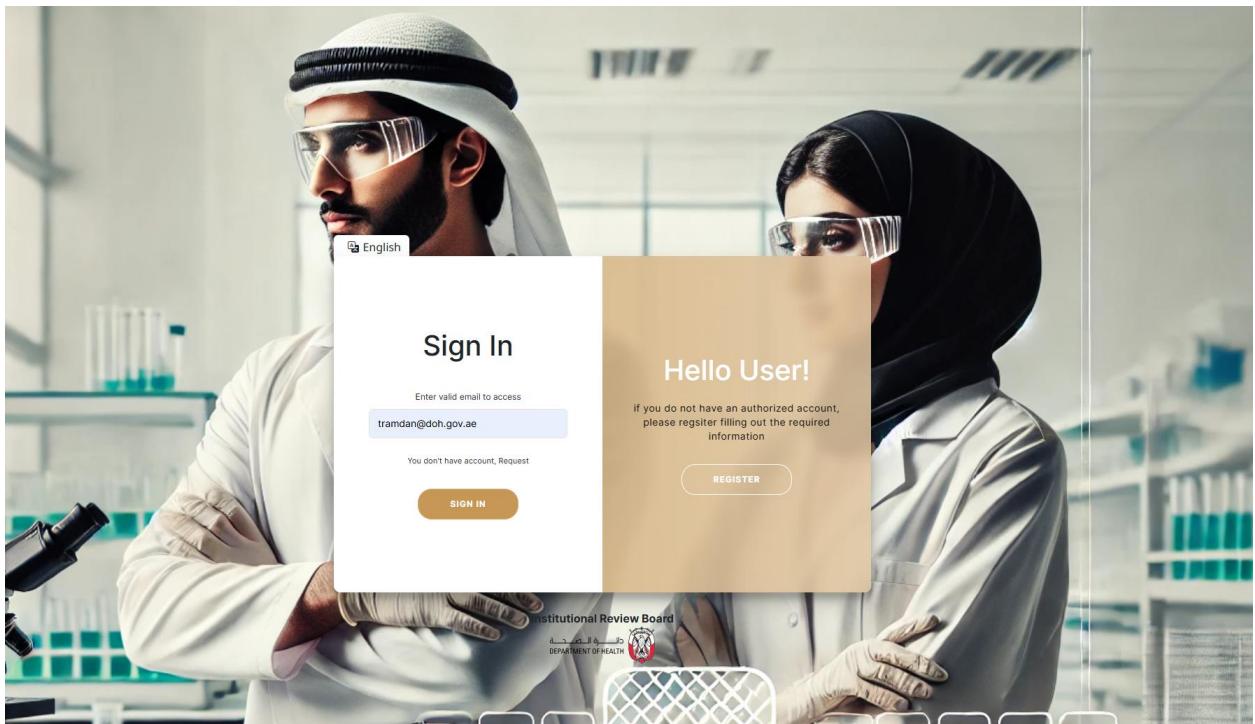
Expires: 11:00:59 AM

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



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

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

The screenshot shows a web-based application for an Institutional Review Board (IRB) submission. The application is titled "ADHRTC-2025-23891" and is in "Draft" status. A message at the top states "All fields are required". The form is divided into several sections:

- Administrative Information:** Includes fields for DOH databases (Multi-center, Clinical trial, Industry sponsored (Pharmaceutical/MedTech)/AI, Investigator initiated trial (IIT)), Type of research (Experimental, Observational, Descriptive, Other), and Research site(s).
- Research personal details:** Details for the Principal Investigator, including Name, Nationality, Authorized Research Facility Principal Investigator affiliated to, DOH license number, Professional title, Official/institutional email, and Mobile Number.
- Research study information:** Details for the study, including Study recruitment (Applicable/not applicable), Overall sample size, Competitive accrual, Overall sample size for UAE, and Sample size specifically for Abu Dhabi.
- Comments:** A large text area for comments, with a note indicating the maximum number of patients allocated for UAE specifically for Abu Dhabi in the competitive accrual if available.
- Study collaborating institutes:** A section asking if the proposed research will be done in collaboration with other collaborating institutes.
- Funding details:** A section asking if this research is being funded.

The application interface includes a sidebar with numbered steps (1-7) and a "Sign Off & Submit" button. The top right corner shows the user's name (Taha) and email (taha.mrandan@doh.gov.ae). The bottom right corner shows a "0/1000" character count for the comments section.

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4- -You must fill all required information for administrative page

يجب ملئ جميع البيانات

#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 tap unless he confirms the previous one

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

All fields are required

Why this application needs DOH ethical review?

Note: Main reasons for submission to Department of Health review

DOH databases(s): DOH database(s) Genomic

Multi-center Data/Sample sharing

Clinical trial Proof of Concept (PoC)

Industry sponsored (Pharmaceutical/MedTech/All) UAE National level study

Investigator initiated trial (IIT) Other

Type of research

Experimental Observational Descriptive Other

Research site(s)

SITE + Add Site ACTIONS

6/20

Research personal details

Principal Investigator details

Name Please Enter Text Required **Nationality** Please Enter Text Required

Authorized Research Facility Principal Investigator If applicable **DOH license number** If applicable **Professional title** Please Enter Text Required

Official/Institutional email Please Enter Valid Email (code)-mobilenumber (971)-055-123 4567 Personal email is not accepted

Mobile Number Please Enter Text Required

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

Overall sample size Please Enter Number Required **Competitive accrual** Please Enter Number Required

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

Overall, what is the Sample size for UAE Please Enter Number Required **Sample size specifically for Abu Dhabi** Please Enter Number Required

Comments

Please Enter Text

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

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5- You must fill all required information for Background page

يجب ملئ جميع البيانات

6- You must fill all required information for Methodology page

يجب ملئ جميع البيانات

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

يجب ملئ جميع

البيانات

Created Date 2025-08-21 11:11 AM | Saved On 2025-08-21 11:11 AM | Draft

Ethical Considerations

All fields are required

Informed Consent process

Informed Consent Required? Yes

Justification

Please Enter Text

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 conduct 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

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

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8- You must fill all required information for Data management and analysis page
ملئ جميع البيانات

جنب

Institutional Review Board | [Re-Applications](#) | [English](#) | [Taha](#) | [tahad@doh.gov.ae](#)

#ADHRTC-2025-23891 | [Created Date 2025-08-21 11:11 AM](#) | [Saved On 2025-08-21 11:11 AM](#) | [Draft](#)

Data Management and Analysis

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

① Administrative Information

② Background

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⑤ Data Management and Analysis

⑥ Study relevant documents

⑦ Principal Investigator declaration

⑧ Sign Off & Submit

Information Security Compliance and Data Privacy

ACTION	Y N N/A	REMARKS
The research involves Protected Health Information (PHI) or Personally Identifiable Information (PII)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	Please Enter Text 0/100
PII/PHI 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"/> N/A	Please Enter Text 0/100
Secure data exchange channels defined & agreed for PHI/PII exchange	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	Please Enter Text 0/100
NDA signed with data recipients as needed/applicable	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	Please Enter Text 0/100
Data retention period defined & agreed	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	Please Enter Text 0/100
The research involves parties from outside UAE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	Please Enter Text 0/100

* 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

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 \(ADHCSS\)](#) 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.

5. Technology & Assurance

a. 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

a. 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.

b. 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.

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9- You must upload all required documents

يجب رفع جميع الملفات المطلوبة

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10- You must fill all required information for principal investigator declaration page
يجب ملئ جميع البيانات

General Health Department of Health | Institutional Review Board | My Applications | English | Taha.mrandan@doh.gov.ae

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

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

All fields are required X

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

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 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)?
1. 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.
2. Please Enter Text
0/900

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.

Principal Investigator Certification

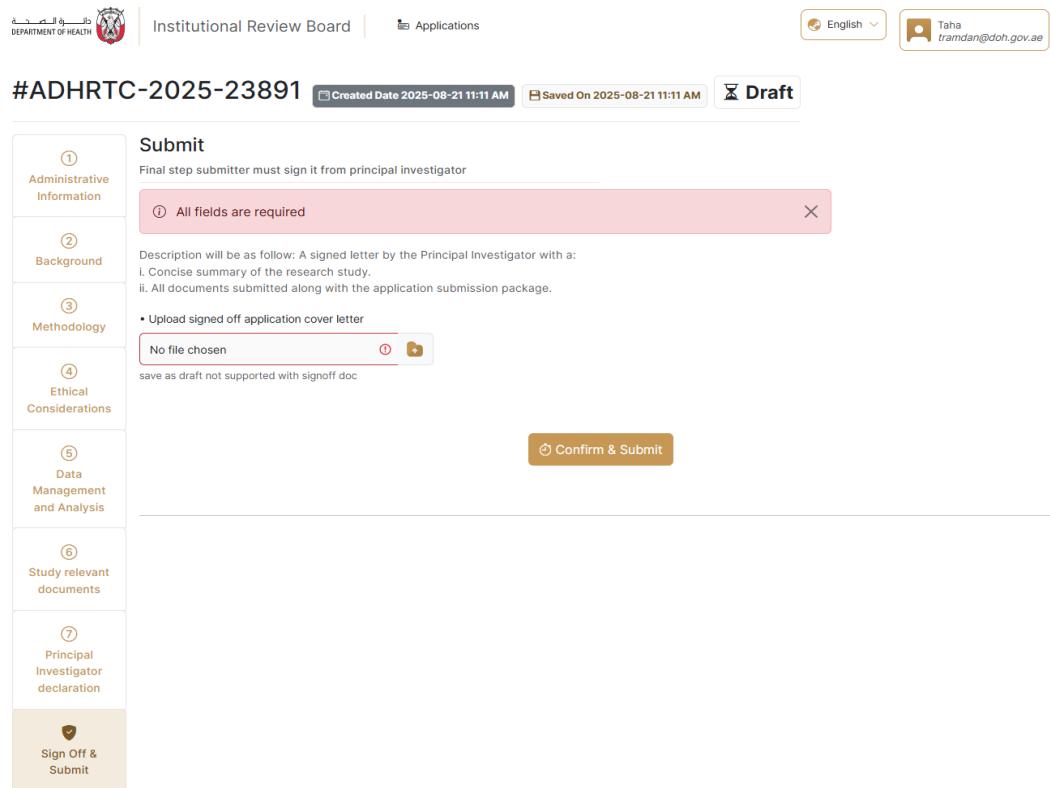
I agree to:
Comply with the provision of the UAE federal law on the subject of medical liability, and its Implementing Regulations governing research on human subjects, any Ministerial terms, rules & procedures regulating research & medical trials protocol & standards issued by the DOH, and all other applicable UAE Federal Laws & Regulations, including but not limited to, UAE Federal Law No 2 of 2019; and Abu Dhabi Healthcare Information and Cyber Security (ADHICS) Standard.
I also understand the absolute need to:
1. Design the study with the standards set by the DOH and other sponsoring agencies.
2. Submit the study to the REC before starting the research protocol and the signed consent form.
3. Report to the REC in accordance with REC policy, any adverse event(s) and/or unanticipated problem(s) involving risks to participants.
4. Submit a progress report both annually and whenever requested by the REC/DOH.
5. Submit a final report.
6. Ensure that each individual listed as study personnel in this application is knowledgeable of the study procedures described in the proposal.
7. Include the REC approval in any published paper coming out of this study.
8. Adhere 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 or forms, as failure to do so will entitle the REC to terminate the approval already granted to the study under progress.

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

يرجى الضغط على موافق وتقديم الطلب بعد رفع الملف المطلوب



Institutional Review Board | Applications

Created Date 2025-08-21 11:11 AM | Saved On 2025-08-21 11:11 AM | Draft

#ADHRTC-2025-23891

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

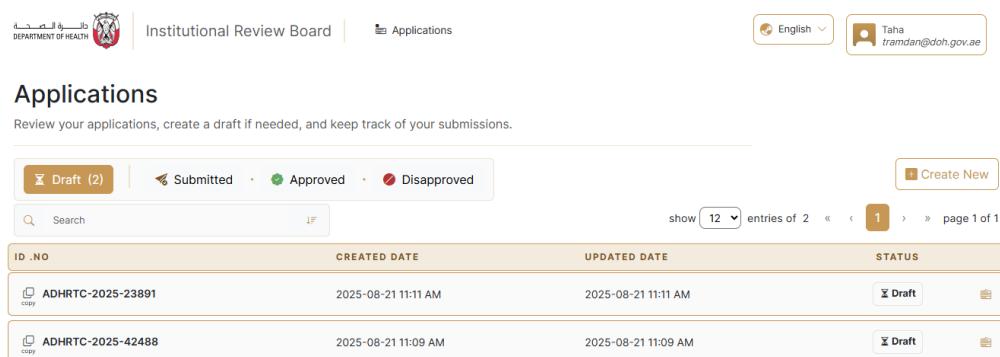
No file chosen

save as draft not supported with signoff doc

Confirm & Submit

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

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.



Institutional Review Board | Applications

English | Taha tramdan@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

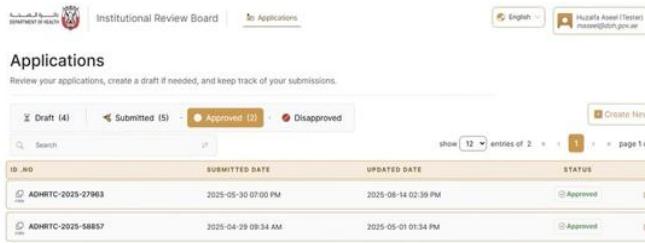
show 12 entries of 2 page 1 of 1

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

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

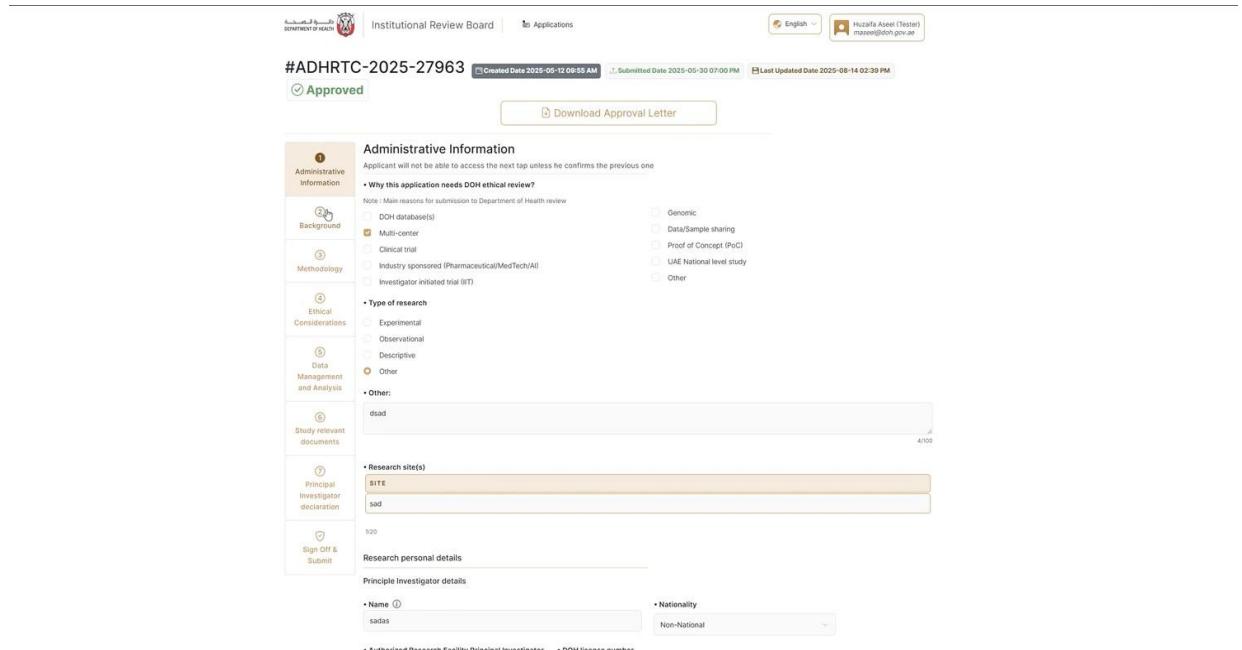
في الصفحة الرئيسية، هناك علامة تبويب للطلبات المعتمدة .



ID	SUBMITTED DATE	UPDATED DATE	STATUS
ADHRTC-2025-27963	2025-05-30 07:00 PM	2025-06-14 02:39 PM	Approved
ADHRTC-2025-548857	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 09:59 AM | Submitted Date 2025-05-30 07:00 PM | Last Updated Date 2025-06-14 02:39 PM

Approved

Download Approval Letter

Administrative Information

• Why this application needs DOH ethical review?

DOH database(s)

Multi-center

Clinical Trial

Industry sponsored (Pharmaceutical/MedTech/All)

Investigator initiated trial (IIT)

Genomic

Data/Sample sharing

Proof of Concept (PoC)

UAE National level study

Other

• Type of research

Experimental

Observational

Descriptive

Other

• Other:

dsad

4/100

• Research site(s)

SITE

sad

1/20

Research personal details

Principle Investigator details

• Name (必填)

sadas

• Nationality

Non-National

• Authorized Research Facility Principal Investigator affiliated to (必填)

• DOH license number if applicable

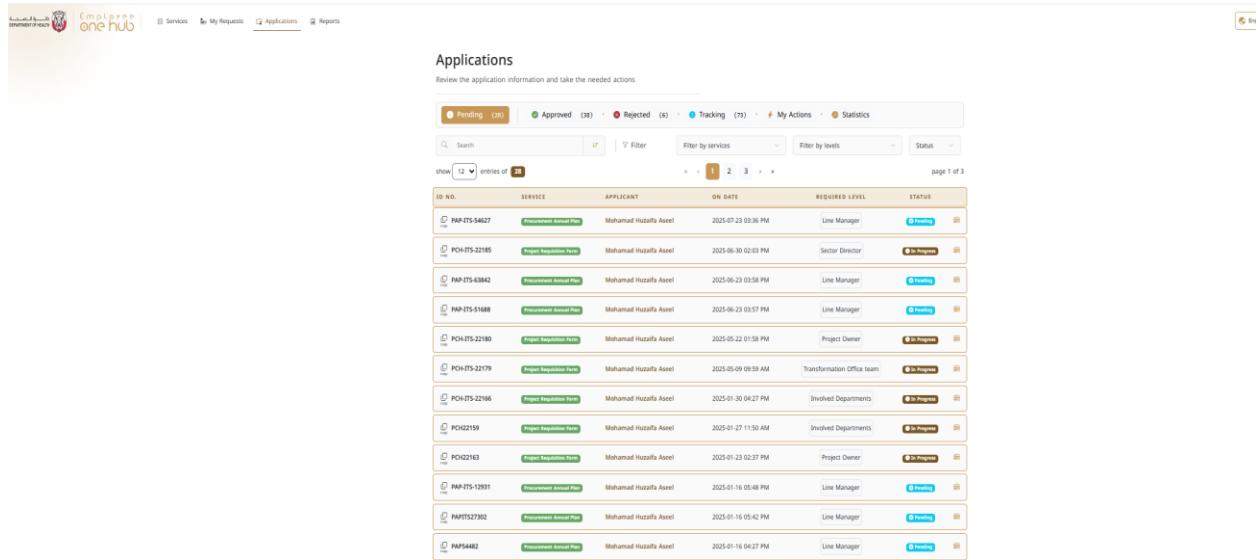
• Professional title

15-

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

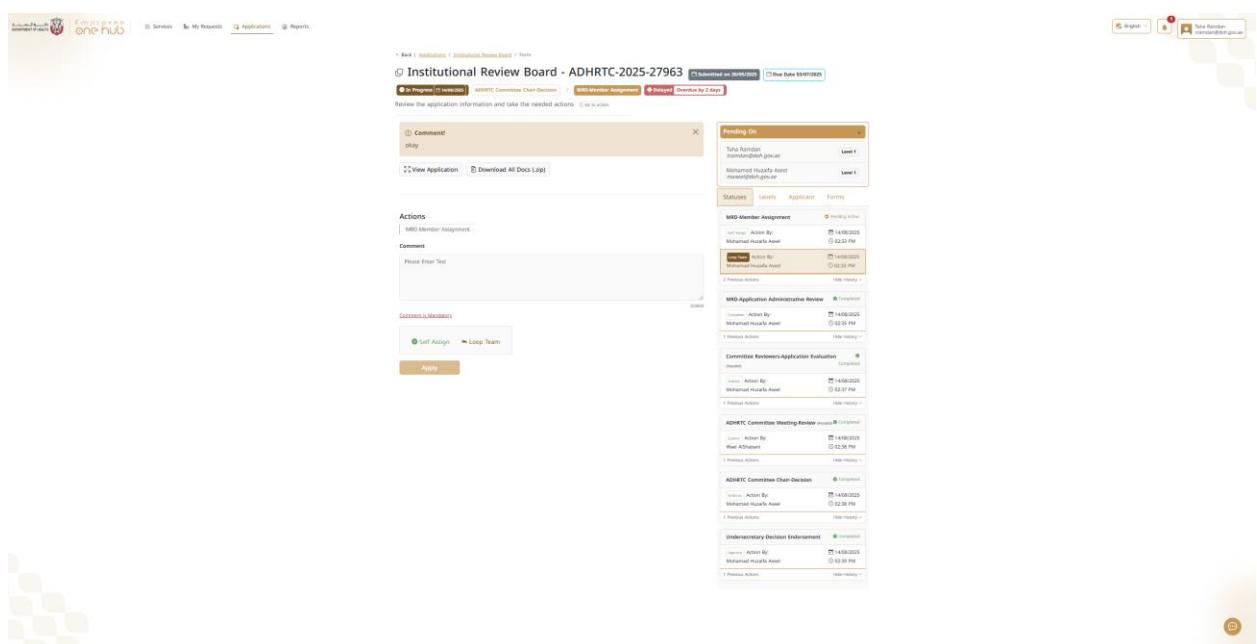
16- The application will appear in e-service system.



The screenshot shows a list of applications in the e-service system. The applications are:

- PAP-ITS-54627 (Procurement Annual Plan) - Status: Pending
- PCH-ITS-22185 (Project Requisition Form) - Status: Pending
- PAP-ITS-43842 (Procurement Annual Plan) - Status: Pending
- PAP-ITS-51688 (Procurement Annual Plan) - Status: Pending
- PCH-ITS-22180 (Project Requisition Form) - Status: Pending
- PCH-ITS-22179 (Project Requisition Form) - Status: Pending
- PCH-ITS-22166 (Project Requisition Form) - Status: Pending
- PCH22159 (Project Requisition Form) - Status: Pending
- PCH22163 (Project Requisition Form) - Status: Pending
- PAP-ITS-12931 (Procurement Annual Plan) - Status: Pending
- PAPITS27302 (Procurement Annual Plan) - Status: Pending
- PAP54482 (Procurement Annual Plan) - Status: Pending

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



The screenshot shows the details of an application for the Institutional Review Board (ADHRTC-2025-27963). The application is for 'MRD Member Assignment'.

Assigning On:

- Tariq Ramzan (Administrator)
- Mohammad Huzaila Aseel (Administrator)

Actions:

- MRD Member Assignment
- Comment

Comments & History:

- Self Assign (Mohammad Huzaila Aseel) - Action By: Mohammad Huzaila Aseel (14/06/2023, 02:20 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

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

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

The screenshot displays the ADHRTC Committee Meeting Review application interface. At the top, there is a navigation bar with links for 'Services', 'My Requests', 'Applications', and 'Reports'. The main title is 'Institutional Review Board - ADHRTC-2025-27963'.

Pending On:

- Tarek Al-Farhan (Administrative Reviewer)
- Tarek Al-Abdullah (Administrative Reviewer)
- Fawaz Al-Mardini (Administrative Reviewer)
- Ahmad Al-Hourani (Administrative Reviewer)
- Wasil Al-Ahmed (Administrative Reviewer)

Reviewer Section:

Status: Not Satisfactory Pending: Okay

Comments: None

Reviewer Actions: Submit, Discard, Approve, Reject, Edit, Delete

Committee Section:

- Tarek Al-Farhan:**
 - Do you have any perceived or actual conflict(s) of interest with this proposal? Yes No Not applicable
 - Evaluation Criteria:
 - Is provided Study Procedures acceptable? Yes No Not applicable
 - Risks and Benefits are acceptable? Yes No Not applicable
 - Is Informed Consent required? Yes No Not applicable
 - Is Health Insurance required? Yes No Not applicable
 - Is Confidentiality aspect adhered to? Yes No Not applicable
 - Are there any Potential Conflict of Interest? Yes No Not applicable
 - Are there any other Considerations required? Yes No Not applicable
 - Evaluation Status: Not Satisfactory Pending
 - Feedback: Okay
- Fawaz Al-Mardini:**
 - Do you have any perceived or actual conflict(s) of interest with this proposal? Yes No
 - Evaluation Status: Please Select
- Ahmad Khalid Al-Hourani:**
 - Do you have any perceived or actual conflict(s) of interest with this proposal? Yes No
 - Evaluation Status: Please Select
- Wasil Al-Ahmed:**
 - Do you have any perceived or actual conflict(s) of interest with this proposal? Yes No
 - Evaluation Status: Not Satisfactory-Rejected
 - Feedback: unable

Actions:

ADHRTC Committee Meeting Review

Comment: Please Enter Text

Comment is mandatory

Submit, Apply

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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.

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

The screenshot shows a detailed view of an application form for the Institutional Review Board (IRB). The application ID is ADHRTC-2025-27963. The status is 'Undersecretary Decision Endorsement' with a due date of 03/09/2025. The 'Pending On' section is assigned to 'Mohamed Husein Al Asadi' (Level 4) and 'Tarek Ramdan' (Level 4). The 'MRD Section' includes a 'Committee upcoming meeting date' of 30/08/2025. The 'Reviewers' section lists 'Mualla Al Asadi' as the 'MRD Reviewer Title' (DOI Entity, Member, mualla@doe.gov.ae, Reviewer). The 'Reviewer Section' contains evaluation criteria and feedback. The 'Committee Section' lists committee members and their evaluations. The 'Actions' section at the bottom allows the user to approve, disapprove, or send back the application.

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

Arab Health one hub | Services | My Requests | Applications | Reports

Institutional Review Board - ADHRTC-2025-27963 | Submitted for Review | Due Date 03/01/2025

Review the application information and take the needed actions. [See in editor](#)

Comment
Test

[View Application](#) [Download All Docs List](#) [Download Approval Letter](#)

MHD Section

Committee upcoming meeting date
20/01/2025

Reviewers

Name	Title	Entity	Role	Email	Type
MHD Reviewer	MHD Reviewer Title	DOW Entity	Member	moudi@dhg.gov.ae	Reviewer

Reviewer Section

MHD Member
Do you have any perceived or actual conflict(s) of interest with this proposal?
No

Evaluation Criteria

1. Is provided Study Procedures acceptable? Yes
2. Risks and Benefits are acceptable? Yes
3. Is Informed Consent acceptable? Yes
4. Is Health Insurance required? No
5. Confidentiality aspect adhered to? No
6. Are there any Potential Conflict of Interest? No
7. Are there any other Considerations required? No

Evaluation Status
Not Satisfactory-Pending

Feedback
Okay

Committee Section

J. Tarek Abdurahim
Do you have any perceived or actual conflict(s) of interest with this proposal?
No

Evaluation Status
Please Select

J. Farouk Mohamed Mardini
Do you have any perceived or actual conflict(s) of interest with this proposal?
No

Evaluation Status
Please Select

J. Ahmad Khaled Al-Hourani
Do you have any perceived or actual conflict(s) of interest with this proposal?
No

Evaluation Status
Not Satisfactory-Rejected

Feedback
reject

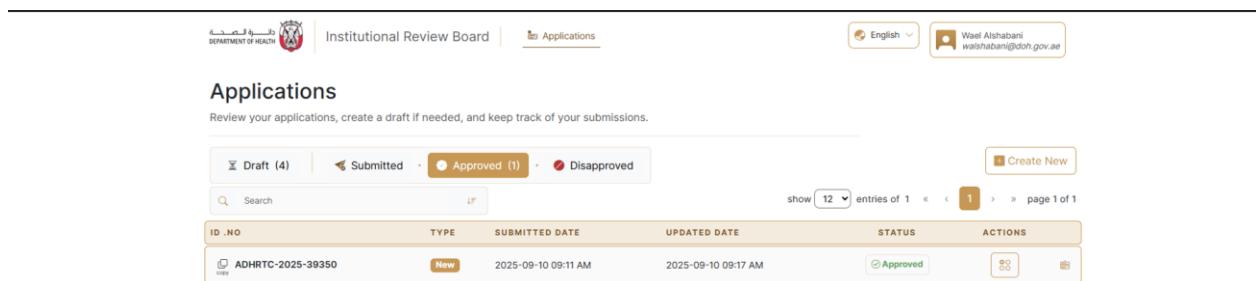
Undersecretary Decision Environment

Action By	Date	Time
Moudi Mhd	21/01/2025	02:17 PM
Moudi Mhd	21/01/2025	02:19 PM
Moudi Mhd	21/01/2025	02:21 PM
Moudi Mhd	21/01/2025	02:23 PM
Moudi Mhd	21/01/2025	02:25 PM

Actions

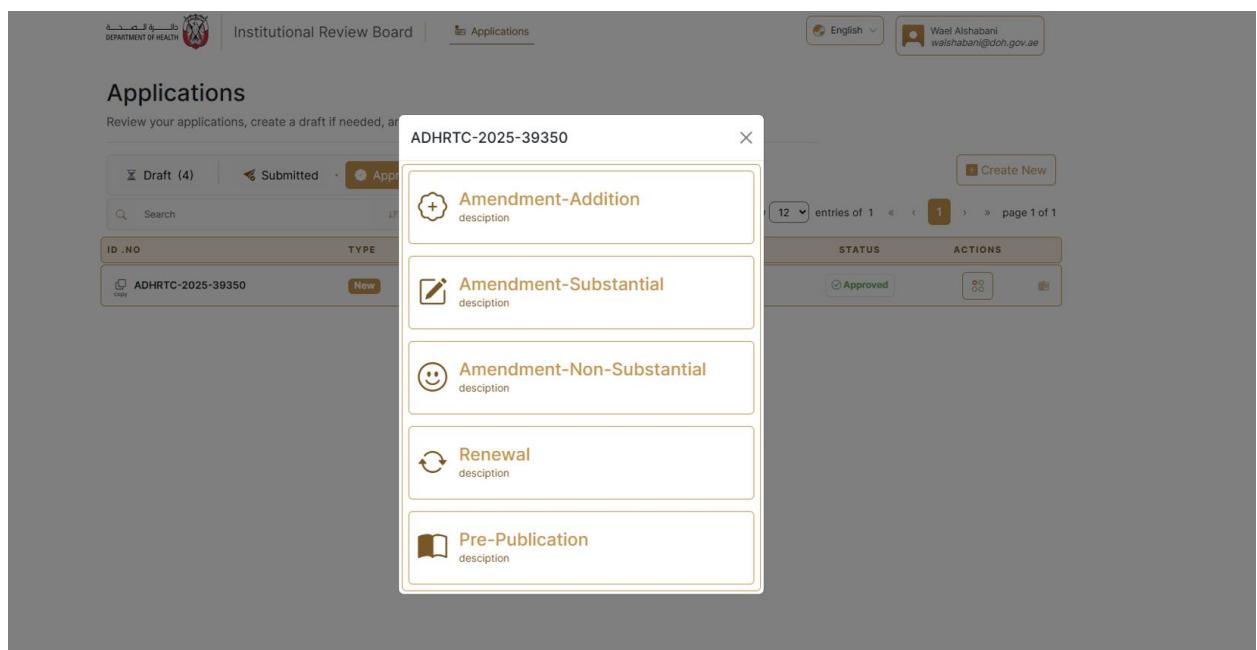
DEPARTMENT OF HEALTH

- This section explains the step-by-step procedure on how to access some of services after IRB request is approved.
- 1- The first step that after the IRB request approved, the applicant can click on Actions to access some of services.



The screenshot shows the 'Applications' page of the IRB system. At the top, there are filters for 'Draft (4)', 'Submitted', 'Approved (1)', and 'Disapproved'. The status 'Approved (1)' is highlighted. Below the filters is a search bar and a table of applications. The table has columns: ID, NO, TYPE, SUBMITTED DATE, UPDATED DATE, STATUS, and ACTIONS. One row is visible, showing 'ADHRTC-2025-39350' as the ID, 'New' as the type, '2025-09-10 09:11 AM' as the submitted date, '2025-09-10 09:17 AM' as the updated date, 'Approved' as the status, and a 'View' button in the ACTIONS column. The page also shows '12 entries of 1' and 'page 1 of 1'.

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



The screenshot shows the 'Applications' page with a modal window open for the application 'ADHRTC-2025-39350'. The modal is titled 'ADHRTC-2025-39350' and contains five service options: 'Amendment-Addition', 'Amendment-Substantial', 'Amendment-Non-Substantial', 'Renewal', and 'Pre-Publication'. Each option has a description and a small icon. The background of the page is dimmed, and the status bar at the bottom right of the modal shows '12 entries of 1' and 'page 1 of 1'.

DEPARTMENT OF HEALTH

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

DEPARTMENT OF HEALTH

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

The screenshot shows a web application interface for the Department of Health's Employee One Hub. The top navigation bar includes links for Services, My Requests, Applications, Reports, and Contracts. The user is logged in as Wael Alshabani (walshabani@doh.gov.ae). The main content area displays an application for the Institutional Review Board (IRB) with the identifier ADHRTC-ADA-2025-56375. The application is marked as 'Pending' with a due date of 16/09/2025. The 'MRD-Team' status is shown as 'In 2 days'. A message indicates that the application information is being reviewed and actions are being taken. Below this, there are buttons for 'View Application', 'View Relative Application', and 'Download All Docs (.zip)'. A 'Comment' section is present, with a placeholder 'Please Enter Text' and a note that 'Comment is Mandatory'. At the bottom, there are three status buttons: 'Complete' (green), 'Disapproved' (red), and 'Incomplete' (grey). A large 'Apply' button is located at the bottom right. To the right of the main content, a sidebar titled 'Pending On' lists three approvers: Wael Alshabani (Level 1), Mohamad Huzaila Aseel (Level 1), and Amna Mohamed Al Obeidi (Level 1). Below this, sections for 'MRD-Team', 'Co-Chair', and 'Committee Chair' show their pending actions. A small message bubble icon is visible in the bottom right corner.

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

The screenshot shows a web application interface for the Institutional Review Board (IRB) with the identifier #ADHRTC-SUA-2025-44319. The application is in 'Draft' status and was saved on 2025-09-10 at 09:49 AM. The main content area is titled 'Proposed Amendments' with a sub-instruction 'Please fill the required fields'. A note says 'You can select more than one'. A list of checkboxes for proposed amendments includes: '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.', and 'Any other significant change to the protocol or the terms of the application.' On the left, a vertical sidebar lists five sections: 'Proposed Amendments' (selected), 'Details & Compliance', 'Relevant Documents', 'Principal Investigator Declaration', and 'Sign Off & Submit'.

DEPARTMENT OF HEALTH

Institutional Review Board | Applications | English | Wael Alshabani | wael.alshabani@doh.gov.ae

#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

Details
Please fill the required fields

① Proposed Amendments
① All fields are required

• A brief about the proposed amendment(s) selected in the previous question
500 words
Please Enter Text

② Details & Compliance

③ Relevant Documents

④ Principal Investigator Declaration

⑤ Sign Off & Submit

Print

• Justification for the proposed amendment(s)
Please Enter Text

• 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

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



DEPARTMENT OF HEALTH

Institutional Review Board

Applications

#ADHRTC-SUA-2025-44319

Amendment-Substantial

ADHRTC-2025-38350

Created Date 2025-09-10 09:49 AM

English

Saved On 2025-09-10 09:49 AM

Draft

1
Proposed
Amendments

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

2
Details &
Compliance

3
Relevant
Documents

Table

Document	If Applicable	Version	Date (DD/MM/YYYY)
+ Add Document Section			

4
Principal
Investigator
Declaration

5
Sign Off &
Submit

Supported File Formats (30 MB per file per upload)

<p>Image formats</p> <ul style="list-style-type: none"> <code>*.jpg", ".JPEG"</code> <code>*.png", ".PNG"</code> <code>*.gif", ".GIF"</code> <code>*.tiff", ".TIFF"</code> <code>*.webp", ".WEBP"</code> <code>*.ico", ".ICO"</code> <code>*.cur", ".CUR"</code> 	<p>Document formats</p> <ul style="list-style-type: none"> <code>*.pdf", ".PDF"</code> <code>*.doc", ".DOC"</code> <code>*.docx", ".DOCX"</code> <code>*.xlsx", ".XLS (X4)</code> <code>*.xls", ".XLS"</code> <code>*.ppt", ".PPT (X4)</code> <code>*.pptx", ".PPTX"</code> <code>*.odt", ".ODT"</code> <code>*.ods", ".ODS"</code>
<p>Compressed formats</p> <ul style="list-style-type: none"> <code>*.zip", ".ZIP"</code> <code>*.tar", ".TAR"</code> <code>*.7z", ".7Z"</code> <code>*.gz", ".GZ"</code> <code>*.bz2", ".BZ2"</code> <code>*.xz", ".XZ"</code> 	

DEPARTMENT OF HEALTH 

Institutional Review Board | [Go Applications](#)

English 

Wael Alabdullah waelabdullah@dhc.gov.sa

#ADHRTC-SUA-2025-44319

Amendment-Substantial [#ADHRTC-2025-39368](#)

Created Date 2025-09-10 09:49 AM

Saved On 2025-09-10 09:49 AM

 Draft

 Proposed Amendments

 Details & Compliance

 Relevant Documents

 Principal Investigator Declaration

 Sign Off & Submit

Principal Investigator declaration

Please fill the required fields

 All fields are required 

Conflict of Interest Disclosure

The IEC 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)?

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 for 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 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

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 DHOH, and all other applicable UAE Federal Laws & Regulation, 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:

1. Design the study with the standards set by the DOH and other sponsoring agencies.
2. Obtain prior approval from the IEC before amending the research protocol or the approved consent form.

3. Report to the REC in accordance with REC policy, any adverse event(s) and/or unanticipated problem(s) involving risks to participants.
4. Submit a progress report both annually and whenever requested by the REC/DOH.

5. Submit the Re-Approval Form/Completion Form as needed.
6. Ensure that each individual listed as study personnel in this application is knowledgeable of the study procedures described in the proposal.

7. Include the REC approval no. in any published paper coming out of this study.
8. 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 communicated requests or forms. Its failure to do so will entitle the REIC to terminate the agreement already entered to the status under procedure.

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

DEPARTMENT OF HEALTH

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 / Form

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

Due Date 16/09/2025 In Progress **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 Huzaila Aseel maseel@doh.gov.ae Level 3
- Amna Mohamed Al Obeidli aalobeidli@doh.gov.ae Level 3
- Wael Alshabani walshabani@doh.gov.ae Level 3

Statuses **Levels** **Applicant** **Forms**

MRD-Team Completed

- Action By: Mohamad Huzaila Aseel 02/09/2025 09:55 AM
- 1 Previous Actions Hide History

Co-Chair, DOH Genome & Info sec (parallel) Completed

- Action By: Mohamad Huzaila Aseel 02/09/2025 09:10 AM
- Action By: Mohamad Huzaila Aseel 02/09/2025 08:56 AM
- 2 Previous Actions Hide History

DOH Genome Completed

- Action By: Mohamad Huzaila Aseel 02/09/2025 09:10 AM
- Action By: Mohamad Huzaila Aseel 02/09/2025 08:56 AM
- 2 Previous Actions Hide History

Info Sec Completed

- Action By: Mohamad Huzaila Aseel 02/09/2025 09:10 AM
- Action By: Mohamad Huzaila Aseel 02/09/2025 08:56 AM
- 2 Previous Actions Hide History

Committee Chair Sent Back

- Action By: Mohamad Huzaila 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

#ADHRTC-REN-2025-55088 Renewal ADHRTC-2025-39350 Created Date 2025-09-10 09:55 AM Saved On 2025-09-10 09:55 AM

X Draft

1 Study Info

2 Relevant Documents

3 Principal Investigator Declaration

4 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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> Image formats *jpg*, *JPEG*, *jpeg*, *JPG*, *2K*, *JPG 2000*, *jp2*, *JPG 2000*, *png*, *PNG*, *gif*, *GIF*, *bmp*, *BMP*, *tiff*, *TIFF*, *JIF*, *JIFF*, *webp*, *WEBP*, *ico*, *ICO*, *cur*, *CUR* </td> <td style="width: 33%; vertical-align: top;"> Document formats *.pdf*, *PDF*, *.doc*, *DOC (Old)*, *.docx*, *DOCX*, *.xls*, *XLS (Old)*, *.xlsx*, *XLSX*, *.ppt*, *PPT (Old)*, *.pptx*, *PPTX*, *.odt*, *ODF*, *.odp*, *ODP* </td> <td style="width: 33%; vertical-align: top;"> Compressed formats *.zip*, *ZIP*, *.tar*, *TAR*, *.7z*, *7Z*, *.gz*, *GZIP*, *.bz2*, *BZIP2*, *.xz*, *XZ* </td> </tr> </table>					Image formats *jpg*, *JPEG*, *jpeg*, *JPG*, *2K*, *JPG 2000*, *jp2*, *JPG 2000*, *png*, *PNG*, *gif*, *GIF*, *bmp*, *BMP*, *tiff*, *TIFF*, *JIF*, *JIFF*, *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*, *ODF*, *.odp*, *ODP*	Compressed formats *.zip*, *ZIP*, *.tar*, *TAR*, *.7z*, *7Z*, *.gz*, *GZIP*, *.bz2*, *BZIP2*, *.xz*, *XZ*
Image formats *jpg*, *JPEG*, *jpeg*, *JPG*, *2K*, *JPG 2000*, *jp2*, *JPG 2000*, *png*, *PNG*, *gif*, *GIF*, *bmp*, *BMP*, *tiff*, *TIFF*, *JIF*, *JIFF*, *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*, *ODF*, *.odp*, *ODP*	Compressed formats *.zip*, *ZIP*, *.tar*, *TAR*, *.7z*, *7Z*, *.gz*, *GZIP*, *.bz2*, *BZIP2*, *.xz*, *XZ*					

#ADHRTC-REN-2025-55088 Renewal ADHRTC-2025-39350 Created Date 2025-09-10 09:55 AM Saved On 2025-09-10 09:55 AM

X Draft

1 Study Info

2 Relevant Documents

3 Principal Investigator Declaration

4 Sign Off & Submit

Principal Investigator declaration

Please fill the required fields

* All fields are required

X

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.

* Do 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, 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)?

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, or the value of 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 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



#ADHRTC-REN-2025-55088

Renewal ADHRTC-2025-38350 Created Date 2025-09-10 09:55 AM Saved On 2025-09-10 09:55 AM

X Draft

① Study Info ② Relevant Documents ③ Principal Investigator Declaration ④ Sign Off & Submit

Submit
Final step submitter must sign it from principal investigator

① All fields are required X

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

①

save as draft not supported with signoff doc

④ 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 / Forms

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

Due Date 16/09/2025 In Progress Approved Co-Chair: DOH Genome & Info sec > Committee Chair Delayed Overtime by 6 days

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

① 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

Mohamed Huzaila Aseel maseel@doh.gov.ae	Level 3
Amna Mohamed Al Obeidli aalobeidli@doh.gov.ae	Level 3
Wael Alshabani wael.alshabani@doh.gov.ae	Level 3

Statuses **Levels** **Applicant** **Forms**

MRD-Team

Complete Action By: Mohamed Huzaila Aseel	02/09/2025 09:55 AM
1 Previous Actions Hide History	

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

Complete Action By: Mohamed Huzaila Aseel	02/09/2025 09:10 AM
2 Previous Actions Hide History	

DOH Genome

Complete Action By: Mohamed Huzaila Aseel	02/09/2025 09:10 AM
2 Previous Actions Hide History	

Info Sec

Complete Action By: Mohamed Huzaila Aseel	02/09/2025 08:56 AM
2 Previous Actions Hide History	

Committee Chair

Sent Back Action By: Mohamed Huzaila 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

Institutional Review Board | Applications | English | Wael Alshehri | Saved On 2025-09-10 09:17 AM

#ADHRTC-PUB-2025-18036 | Pre-Publication | Created Date 2025-09-10 09:17 AM | Saved On 2025-09-10 09:17 AM

Draft

Study

Please fill the required fields

① 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

Please Enter Text

* 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

Please Enter Text

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?

Please Enter Text

Conflict of Interest

* Have all authors declared any potential conflicts of interest?

No

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH  Institutional Review Board |  English  Wael Alshabani waelshabani@doh.gov.ae

#ADHRTC-PUB-2025-18036 Pre-Publication ADHRTC-2025-30350 Created Date 2025-09-10 09:57 AM Saved On 2025-09-10 09:57 AM

 Draft

 **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*, *png*, *PNG*, *pdf*, *PDF*, *tif*, *TIFF*, *tiff*, *TIFF*, *webp*, *WEBP*, *ico*, *ICO*, *cur*, *CUR*

Document formats
odf, *ODF*, *odt*, *DOC (Old)*, *odc*, *DOCX*, *ods*, *XLS (Old)*, *ods*, *XLSX*, *odp*, *PPT (Old)*, *odp*, *PPTX*, *odt*, *ODF*, *odp*, *ODF*

Compressed formats
zip, *ZIP*, *rar*, *RAR*, *7z*, *7z*, *tar*, *tar*, *bz2*, *bz2*, *tar.gz*, *tar.gz*

DEPARTMENT OF HEALTH  Institutional Review Board |  English  Wael Alshabani waelshabani@doh.gov.ae

#ADHRTC-PUB-2025-18036 Pre-Publication ADHRTC-2025-30350 Created Date 2025-09-10 09:57 AM Saved On 2025-09-10 09:57 AM

 Draft

 **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)?
 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.
 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.

DEPARTMENT OF HEALTH



#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

X Draft

① Details

② Attachments

③ Principal Investigator Declaration

④ Sign Off & Submit

④ Print

Submit

Final step submitter must sign it from principal investigator

① All fields are required X

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 ① ②

Save as draft not supported with signoff doc

④ Confirm & Submit

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 / Form

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

Submitted on 01/09/2025 Due Date 12/09/2025 Approved Committee Chair Co-Chair, DOH Genome & Info sec > Committee Chair

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

① Comment! X

② View Application ③ View Relative Application ④ Download All Docs (.zip)

Statuses	Levels	Applicant	Forms
MRD-Team Completed <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Complete Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:26 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Complete Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:18 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> 2 Previous Actions Hide History </div>			
Co-Chair, DOH Genome & Info sec Completed <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:26 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:20 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> 2 Previous Actions Hide History </div>			
DOH Genome Completed <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:26 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:20 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> 2 Previous Actions Hide History </div>			
Info Sec Completed <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:26 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Submit Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:20 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> 2 Previous Actions Hide History </div>			
Committee Chair Completed <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Approve Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:27 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ① Incomplete Action By: Mohamad Huzaila Aseel ② 01/09/2025 ③ 10:24 AM </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> 2 Previous Actions Hide History </div>			

