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| RA-200 RESEARCH ACTIVITY PLAN | | | |
| **Activity Title:** | | | Click or tap here to enter text. |
| **Principal Investigator (PI) Name:** | | | Click or tap here to enter text. |
| **Line Manager:** | | | Click or tap here to enter text. |
| ***Research Program ID (PRM):*** | | | ***Please select a PRM*** |
| **Duration (months):** | | | Click or tap here to enter text. |
| **Submission Date:** | | | Click or tap to enter a date. |
| As per the policy POL-O-Research Project Management   * RA-200 Research Activity Plan (RA-200) is drafted by the PI and sent to the Research Project Management Office (PMO) to initiate a research activity in Sidra Medicine (Sidra). * With the submission of an RA-200, a Unique Research Activity Identifier (SDR) is assigned. * SDRs should accompany an Institutional Review Board (IRB) protocol or an IRB Determination letter. * “Project Acknowledgement Certificate” will be issued related to policies and procedures. * Every section below, along with Appendix, needs to be fully completed and signed.  1. Appendix 1: applicable if this study is human-subject research. 2. Appendix 2: applicable if this study is non-human subject research. 3. Appendix 3: applicable if this study is a grant submission research study. 4. Appendix 4: applicable if this is an interventional clinical trial study. | | | |
| 1. **Is this a Human-Subject Research?** | | | |
|  | **Yes** | | |
|  | **No** | | |
|  | **Not Sure** | | |
| **If yes,**  **Please note that your Research Activity will require Institutional Review Board (IRB) protocol Approval.**  **To be referred to the IRB office to start their IRB application @ irb@sidra.org** | | | |
|  | **IRB Approval** | | |
| **If No / Not sure,**  **Please note that your Research Activity will require an IRB Determination letter.** | | | |
|  | **IRB Determination Letter** | | |
| **This section is applicable to all**   1. **DOES THIS RESEARCH ACTIVITY ADHERE TO?** Please choose all applicable options: | | | |
|  | **Institutional Animal Care and Use Committee (IACUC)**   * **Need to be referred to the IACUC team, @iacuc@sidra.org.** | | |
|  | **Institutional Biosafety Committee (IBC)** | | |
|  | **Clinical Trials Office (CTO)**   * **Need to be referred to the CTO team, @clinicaltrialsoffice@sidra.org** | | |
|  | **Artificial Intelligence (AI) -** *Describe: Click or tap here to enter text.* | | |
|  | **Quality Improvement (QI) -** *Describe: Click or tap here to enter text.* | | |
|  | **Other** *- Describe: Click or tap here to enter text.* | | |
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| **This section is applicable to all**   1. **HAS THIS RESEARCH ACTIVITY SECURED A BUDGET?** Please choose all applicable options: | | | |
|  | **Yes** | * Is this a grant awarded project? Yes/NO * Institution: Name the sponsor/funding body/internal department * Funding source: Choose an item. * Amount (QAR): Total budgeted amount for research activity (QAR) * Expected funds’ release date: Click or tap to enter a date. * Kindly attach any form of evidence showing this funding decision | |
|  | **No** | * No funding associated with research activity | |
|  | | | |
| **This section is applicable to all**   1. **DOES THIS RESEARCH ACTIVITY HAVE EXTERNAL COLLABORATION(S)?** | | | |
|  | **Inside Qatar**  Describe: Name of the Institution & Collaborator. | | |
|  | **Outside Qatar**  Describe: Name of the Institution & Collaborator. | | |
|  | **Not applicable**  Describe: Click or tap here to enter optional text. | | |
|  | | | |
| **This section is applicable to all**   1. **IS THERE ANY SIDRA DATA INVOLVED IN THIS RESEARCH ACTIVITY?**   If yes, please indicate if the data generated will be shared/accessed | | | |
|  | **Internally shared exclusively**  Describe: Click or tap here to enter text. | | |
|  | **Externally shared exclusively**  Describe: Click or tap here to enter text. | | |
|  | **Internally and externally shared**  Describe: Click or tap here to enter text. | | |
|  | **No, only I/my group members will have access to the data**  Describe: Click or tap here to enter text. | | |
|  | **Not applicable**  Describe: Click or tap here to enter text. | | |
| 1. **ARE ANY OF THE BELOW CORE LABS/SERVICE PROVIDERS REQUIRED?**   Please choose all applicable options: | | | |
| |  |  | | --- | --- | | Genomics Core | Pathology | | ☐ Omics Core | Statistical Analysis | | ☐ Microscopy Core | Research Contracts Office | | Mass Spectrometry Core | Research Scientific Data Management | | Zebrafish Facility Core | Grants Office | | Advanced Cell Therapy Core | Other *specify* | | Computational & Informatics Core | Not Applicable | | | | |

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| By submitting this RA-200 form, the PI and Line Manager certify that all information mentioned is accurate and attests to complying with Sidra Medicine Policies & Procedures:  **PI Name: Click or tap here to enter text.**  **Signature: Click or tap here to enter text. Date: Click or tap to enter a date.**  **Line Manager Name: Click or tap here to enter text.**  **Signature: Click or tap here to enter text. Date: Click or tap to enter a date.** |