

**School of Dentistry  
New Giza University  
Research Ethics Committee  
Application Form for Biological Samples**

**Please fill the following data:**

- ***Full name of the researcher(s):***

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- ***Research title:***

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- ***Degree: Master [ ] PhD [ ] others [ ]***

- ***Research objective:***

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- *Please specify the sample type:*

*extracted teeth (without pulp) .(mention the number & source)*

*dental pulp tissue. (mention the number & source)*

*saliva samples / crevicular fluid. (amount, sampling frequency & source)*

*blood samples . (amount, sampling frequency & source).*

*cell lines /tissue culture.(amount & source).*

*tumor tissue/ lesion tissue.(amount & source).*

*Other( please specify).*

- *Research design in brief including method of sample collection:*

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- *At the end of the research , specify fate of the sample:*

- **Clearance/discarding the sample:** Yes/No(Mention clearance method)
- **Storage for further use:** Yes/No (Mention clearance protocol)

- **Signature:** - **Date:**

- *This research was approved by REC with the following number:*

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