Pre-Publication Request Form

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| Manuscript Information: | | | | |
| Manuscript Title: |  | | | |
| DOH Approval Reference Number: |  | | | |
| Research Type: |  | | | |
| Sponsoring Agency: |  | | | |
| Funding Agency: |  | | | |
| Total Budget Spent: |  | | | |
| Principle investigator (PI): | | | | |
| PI Name: |  | | | |
| Professional Title: |  | | | |
| Facility: |  | | | |
| Mobile No. | Official E-Mail | | DOH License # | |
| PI Professional Status | □ Undergraduate student | | | □ Hospital Staff |
| □ Graduate Student/Post-Doctoral | | | □ University Faculty |
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| Required Documents: | | | | |
| 1. Copy of the Manuscript: | |  | | |
| 1. Copy of Abu Dhabi Health and Research Technology Committee (ADHRTC) approval letter | |  | | |
| 1. Copy of Relevant Documents *(Tables, Graphs, Charts, Figures. etc.)* | |  | | |

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