وزارة الصحـــــة العامـــة
Ministry of Public Health
State of Qatar ♦ دولـــة قطـــر

Research Portal User Manual

Institutional Focal Point/Representative

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Introduction

The Ministry of Public Health's role is to create a clear vision for the nation's health direction, set goals and objectives for the country, design policies to achieve the vision, protect the public's health, ensure high quality health research, and monitor and evaluate progress towards achieving those objectives.

A key function of MoPH is oversight research and supporting researchers to ensure that standards are met and performance targets achieved.

In implementation of these technical plans, this document contains the details about the process of accessing the Research web portal as a Focal point/Representative of Research Institution.

Application access

Health Research Governance Department - MoPH

Health Research Governance Department Portal - MoPH

User registration & Accesses

For registering Focal Point click on "Register as Focal Point"
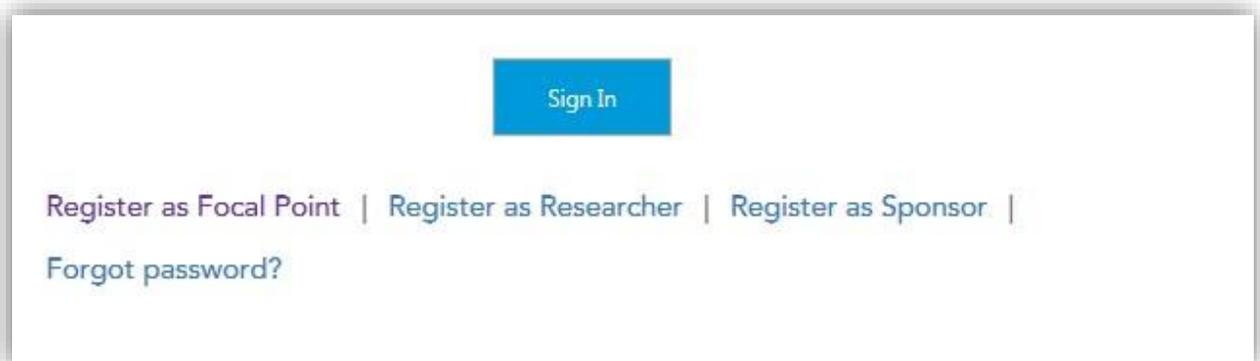
Institution focal point registration

First name*	Enter Name
Middle initial	Enter Middle Name
Last name*	Enter Last Name
Login email*	example@mail.com
Enter password*	Enter Password
Confirm password*	Confirm Password
Telephone	974 XXXXXX
Institution*	--Select-- ▼
Supporting Document *	Please attach file (.PDF Only) Browse

> Please use your business email ID

Submit

Enter all the mandatory details and upload supporting/authorization letter from your institution supporting your role.

Click on "submit" after entering all the details

Thank you for registering with MoPH Research Department. An email has been sent to your registered email id to activate your account.

Submit

You will receive an email verification on your registered email within few minutes.

Dear User,

Thank you for registering with MoPH Research Portal

Please click here to activate your account.

Best regards,
Research Team, Ministry of Public Health

1. User Login after email verification -
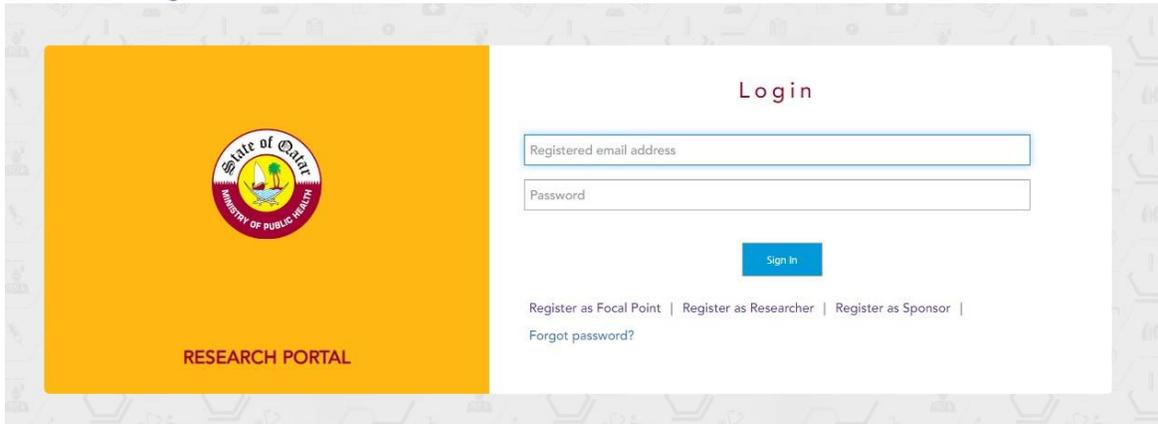
Please enter registered email and password and click on "Sign In" for Sign in to Research portal.

2. Forgot password

If you have forgotten your password, please click on "Forgot password"
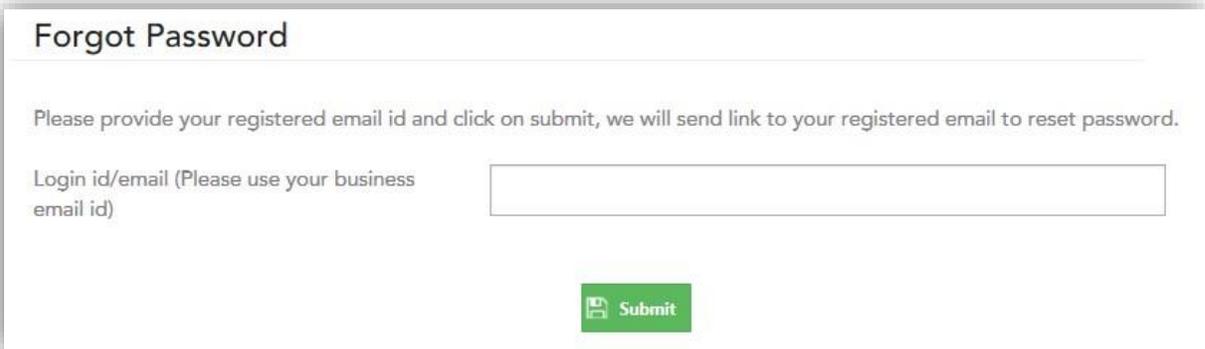
Please enter your registered email id and click on "Submit", an email with a link to reset your password will be sent to the registered email (refer screenshot below for sample).

MoPH Research Portal Reset Password

research@moph.gov.qa
to me

Dear User,

Please click here to reset password.

Best regards,
Research Team, Ministry of Public Health
This is an auto generated mail. Please do not reply.

Please click on link to reset the password.

Enter new password and click submit button.

Reset your account password

Please enter new password*	
Please confirm new password*	
	💾 Submit

Focal Point dashboard & functions

After successful login focal point landing page appears (as shown below).

User manual can be downloaded from the right corner

Welcome ! Test Uattwo Account , you have logged as Focal Point   ⬇ Download User Manual

Institution Details	**Institutional Review Board**	**Institutional Animal Care And Use Committee**	**Institutional Biosafety Committee**
Update institution details like mailing address, head details etc	View/Register an Institutional Review Board for your institution	View/Register an Institutional Animal Care and Use Committee	View/Register an Institutional Biosafety Committee
Click to access	Click to access	Click to access	Click to access

Facilities Registry	**Institutional Review Board Assurance**	**Institutional Animal Care And Use Committee Assurance**	**Serious Adverse Event**
View/register research equipment/facilities	View/Register Institutional Review Board assurance.	View/Register an Institutional Animal Care and Use Committee Assurance	Report serious adverse event details
Click to access	Click to access	Click to access	Click to access

Click on the respective tile to take an action, some are explained below.

3. Institutional details
To update institutional details like mailing address, head details etc.

4. Institutional Review Board
Register/View/Update/Renew Institutional Review Board for your institution

5. Institutional Animal Care and Use Committee
Register/View/Update/Renew Institutional Animal Care Use Committee (IACUC) for your institution

6. Institutional Biosafety Committee
Register/ View/ Update/ Renew Institutional Biosafety Committee for your institution.

7. Institutional Review Board Assurance
Register / View / Update / Renew Institution Review Board assurance for your Institution.

8. Institutional Animal Care and Use Committee Assurance
Register / View/ Update/ Renew Institutional Animal Care and Use Committee for your institution.

9. Facility Registry
Register/ Update facility related to Institution

10. Serious Adverse Event
Register/Report a Serious adverse event

Update institution details

Modify required information and click update for change institution details.

Enter mandatory information and click Add/ save button for add Senior or head official of the organization.

Senior or head official of the organization

First name*	First name
Middle initial	Middle initial
Last name*	Last name
Gender	○ Male ○ Female
Title*	--Select-- ▼
Email*	example@mail.com
Telephone	974 XXXXXX
Fax	
Mailing address	
Position*	Enter position
Highest degree*	--Select-- ▼

💾 **Add/Save**

Data added successfully

Name	Position	E Mail	Action
Head OfficalName	Manager	Head-official@mail.com	☑ Edit 🗑 Delete

Note: In case of a change in Senior or head official, click delete button and add new senior or head official.

Institutional review board

View/Register an Institutional Review Board for your institution

Register an Institutional Review Board

Saved/submitted applications	+
Completed application	−

No applications available

Click "Register an Institutional Review Board", it will navigate to IRB registration wizard,

Information on committee to be registered

Kindly ensure to click on "View Instruction" and read the instructions carefully, before filling the application

View Instruction

Fields with * are mandatory

Committee type	Institutional Review Board
Institution	Institution Name-Demo
Has the IRB or its parent organization been accredited by a human subject protection accrediting organization?*	No
Approximate total number of currently active protocols*	Small (1-25)
Does the IRB review or intend to review research supported by the Qatari Government?	Yes
Approximate number of currently active protocols supported by the Qatari Government*	Large (100 or more)
Approximate number of currently active protocols supported by Non-Qatari Government*	Medium (26- 99)
IRB procedural manual*	Please attach file (.PDF Only) Browse
	testDoc Delete
Committee organizational chart*	Please attach file (.PDF Only) Browse
	testDoc Delete

→

Note: Kindly ensure to click on "View Instruction" and read the instructions carefully, before filling the application

Enter all mandatory field (marked with *), required fields and click next arrow for navigate into next page.

Add details about the committee staff(s) and click to next arrow to navigate next page.

Committee Staff

Fields with * are mandatory

Approximate number of full time positions devoted to this committee	1 ▼
First name*	First name
Middle initial	Middle initial
Last name*	Last name
Title*	--Select-- ▼
Email*	example@mail.com
Telephone*	974 XXXXXX
Fax	974 XXXXXX
Position*	Enter position
Highest degree*	--Select-- ▼
Signed Curriculum Vitae*	Please attach file (.PDF Only) 🔍 Browse

Data updated successfully

💾 Add/update

User type	Name	Position	E-mail address	Action
Committee staff	Committee Staff Name	Coordinator	committee-staff@mail.com	✎ Edit 🗑 Delete

Add committee member / coordinator certification(s) for the Institutional Review Board.

Click next arrow for navigate into next page.

IRB membership roster

Fields with * are mandatory

First name*	First name
Middle initial	Middle initial
Last name*	Last name
Gender*	○ Male ○ Female
Nationality*	--Select-- ▼
Email*	example@mail.com
Telephone*	974 XXXXXX
Fax	974 XXXXXX
Position*	Enter position
Highest degree*	--Select-- ▼
Role*	--Select-- ▼
Voting member*	○ Yes ○ No
Affiliated with the Institution*	○ Yes ○ No
Institution/Company name*	
Scientific*	○ Yes ○ No

Professional specialty*

Representative capacity*

- ☐ Children
- ☐ Prisoners
- ☐ Disabled
- ☐ Economically disadvantaged
- ☐ Pregnant woman
- ☐ Cognitively impaired
- ☐ None
- ☐ Other(s)

Describe the expertise in research ethics and human subjects protections*

Has the proposed member been an IRB member previously?*   ○ Yes   ○ No

Signed Curriculum Vitae *   Please attach file (.PDF Only)   ☒ Browse

Please download the following assurance letter format, please upload after filling all the details and duly signing

Assurance letter form   Click to download - Assurance letter form

Assurance letter*   Please attach file (.PDF Only)   ☒ Browse

CITI certificate (completion certificate)*   Please attach file (.PDF Only)   ☒ Browse   ⓘ

Expiration date *   ▦

🖫 Add/save member

After filling for the information

Click on "Add/Save member" to Add board member details for Institutional Review Board.

Name	Gender	E-mail address	Scientific	Affiliation	Role	Voting status	Downloads	Action
Committee Member Name 4	Male	committee-member4@mail.com	Yes	No	Chair	No	📄 Letter 📄 Certificate 📄 CV	✏ Edit 🗑 Delete
Committee Member Name 3	Male	committee-member3@mail.com	No	Yes	Vice -Chair	Yes	📄 Letter 📄 Certificate 📄 CV	✏ Edit 🗑 Delete
Committee Member Name 1	Female	committee-member1@mail.com	No	No	Consultant	No	📄 Letter 📄 Certificate 📄 CV	✏ Edit 🗑 Delete
Committee Member Name 5	Male	committee-member5@mail.com	No	Yes	Consultant	No	📄 Letter 📄 Certificate 📄 CV	✏ Edit 🗑 Delete
Committee Member Name 2	Female	committee-member2@mail.com	Yes	Yes	Consultant	Yes	📄 Letter 📄 Certificate 📄 CV	✏ Edit 🗑 Delete

←

🖳 Submit

Note: In order to edit details of an added member click on "Edit" on the specific member row

Click back arrow for navigate to previous page (if you wish to review the complete application form).

After filling all member details click "Submit" button for submitting the application to MOPH for review.

Renewal application shall be submitted at least one month prior to the expiry of the registration to ensure sufficient time for MoPH review and to avoid interruption of IRB activities.

The application status can be tracked and application can be viewed in read only mode after submission of the application,

Institutional Animal Care Use Committee

Click Institutional Animal Care Use Committee for add create new application.

Information on committee to be registered

Kindly ensure to click on "View Instruction" and read the instructions carefully, before filling the application

View Instruction

Fields with * are mandatory

Committee type	Institutional Animal care and Use Committee
Institution	Institution Name-Demo
Has the IACUC or its parent organization been accredited by an animal subject protection accrediting organization?*	No
Approximate total number of currently active protocols*	Small (1-25)
Does the IACUC review or intend to review research supported by the Qatari Government?*	Yes
Approximate number of currently active protocols supported by the Qatari Government*	Small (1-25)
Approximate number of currently active protocols supported by the Non-Qatari Government*	None (0)
IACUC procedural manual*	Please attach file (.PDF Only) **Browse**
	testDoc 🗑 Delete
Committee organizational chart*	Please attach file (.PDF Only) **Browse**
	SharePoint FBA Configuration 🗑 Delete

Note: Kindly ensure to click on "View Instruction" and read the instructions carefully, before filling the application

Enter all mandatory field (marked with *), required fields and click next arrow for navigate into next page.

Add details about the committee staff(s) and click to next arrow to navigate next page.

Committee Staff

Fields with * are mandatory

Approximate number of full time positions devoted to this committee	1 ▼
First name*	First name
Middle initial	Middle initial
Last name*	Last name
Title*	--Select-- ▼
Email*	example@mail.com
Telephone*	974 XXXXXX
Fax	974 XXXXXX
Position*	Enter position
Highest degree*	--Select-- ▼
Signed Curriculum Vitae*	Please attach file (.PDF Only) [🔍 Browse]

[💾 Add/update]

Enter facility and species inventory's information

Facility and species inventory's information

Fields with * are mandatory

Laboratory , unit, or building gross square meters (including service areas)	
Species housed in unit (use complete common names)	
Approximate average daily	
Inventory	
Date of inventory	

[←] [→]

Enter all the required information for submit the application.

IACUC membership roster

Fields with * are mandatory

First name*	First name
Middle initial	Middle initial
Last name*	Last name
Gender*	◯ Male ◯ Female
Nationality*	--Select-- ▾
Email*	example@mail.com
Telephone*	974 XXXXXX
Fax	974 XXXXXX
Position*	Enter position
Highest degree*	--Select-- ▾
Role*	--Select-- ▾
Voting member*	◯ Yes ◯ No
Affiliated with the institution*	◯ Yes ◯ No
Scientific*	◯ Yes ◯ No
Professional specialty	

After filling for the information

Click on "Add/Save member" to Add board member details for roster.

Note: In order to edit details of an added member click on "Edit" on the specific member row

Click back arrow for navigate to previous page (if you wish to review the complete application form).

After filling all member details click "Submit" button for submitting the application to MOPH for review.

The application status can be tracked and application can be viewed in read only mode after submission of the application,

Institution review board – Assurance

Click IRB assurance for create new assurance

View/Register Institutional Review Board assurance.

IRB Assurance

#	Reference no.	Type of assurance	Application type	Type of institution	Submitted on	Status	Action
1	IRB-A-2019-0002	IRB Assurance	New	Local Institution	06/04/2019	Sentback	✎ Edit ✉ Comment

Saved/submitted applications

Completed application

No applications available

Enter mandatory information related to IRB assurance

Institutional Review Board (IRB) Assurance

Fields with * are mandatory

Institution applying for assurance

Type of institution*	Local Institution ▾
Institution's name*	Instituition Name-Demo
Mailing address*	Address - Demo
Country*	Qatar ▾
City*	Al Wakrah

→

Institutional Review Board (IRB) Assurance

Fields with * are mandatory

Institutional component(s)*

Does the institution have components or alternate names?*   ○ Yes   ○ No

Statement of principles*

This Institution assures that all of its activities related to human subjects research regardless of the source of support, will be guided by the ethical principles in the following document(s)

☐ The Belmont report, US NIH, or Qatar's Ministry of Public Health rules
☐ Other

Applicability

(a) This Institution assures that whenever this institution becomes engaged in human subjects research conducted or supported by Qatari funds, the Institution will comply with the MOPH policy for protection of human subjects. The MOPH policy is based around the US Federal Policy (also known as the Belmont Report), unless the research is otherwise exempt from these requirements, or it has been determined that the research shall be covered by a separate assurance.

(b) Optional: This Institution elects to apply the following to all of its human subjects research except for research that is covered by a separate assurance.

☐ The Belmont Report, US NIH or Qatar's Ministry of Public Health rules
☐ Other

←   →

Institutional Review Board (IRB) Assurance

Fields with * are mandatory

Designation of local Qatari IRB(s)*

IRB registration number	Enter local registration number
IRB affiliation	Enter affiliation

Type of IRB
- ○ Institutional IRB
- ○ IRB on which the institution relies
- ○ Cost per service IRB
- ○ Local collaborative IRB

💾 Add/Save

Local Designation added successfully

Registration no.	Affiliation	Type of IRB	Actions
IRB registration number	IRB affiliation	Institutional IRB	✎ Edit 🗑 Delete

←   →

Institutional Review Board (IRB) Assurance

Fields with * are mandatory

Human protections administrator

First name*	Administrator first name
Middle initial	Middle initial
Last name*	Administrator last name
Title*	Mr ▼
Email*	Protection-administrator@mail.com
Telephone*	974112233445
Fax	974112233445
Position*	Human protections administrator
Highest degree*	MA or MS ▼

Data updated successfully

🖫 **Add/update**

← →

Institutional Review Board (IRB) Assurance

Fields with * are mandatory

Signatory Official (Official legally authorized to represent the Institution) Information

First name*	Signatory Official first name
Middle initial	Middle initial
Last name*	Signatory Official last name
Title*	Mr ▼
Email*	Signatory-Official@mail.com
Telephone*	974112233445
Fax	974 XXXXXX
Position*	Dean
Highest degree*	MBA ▼

Data updated successfully

💾 Add/update

← →

Note: Please read the terms of assurance
Click on "Print form" to download the document in pdf format, get the documented signed and stamped from the required signatory official(s)

Please upload a scanned copy of the signed and stamped assurance form.

Note: Signed and stamped application shall be submitted at least 2 weeks prior to the expiry of the assurance to ensure sufficient time for MoPH review and to avoid interruption of human research activities.

After entering all required information, click "Submit" button to submit the application for review

Facility registry

Report institution their equipment/facilities through facility registry

Serious Adverse Event

For reporting a SAE click on respective tile

Click on "Serious adverse event"

Note: in order to report an SAE for a clinical trial, the clinical trial must be registered on the portal, if not registered please ensure to register the clinical trial

Serious adverse event

Fields with * are mandatory

Clinical trial registered *	● Yes ○ No
Clinical trial	--Select-- ▼
	--Select--
	CT-MPH-2019-001
Clinic trial description	

→

Choose the Clinical trial for which the SAE has to be registered, click on next arrow

Particulars of patient

Fields with * are mandatory

Protocol number*	
Site name*	
Pt ID*	
Date participant reported the SAE*	🗓
SAE onset date*	🗓
SAE stop date	🗓
Location of SAE	
Was this an unexpected adverse event*	○ Yes ○ No
Sex*	○ Male ○ Female
Age*	Age
Age unit*	--Select-- ▼
Diagnosis for study participation	Enter diagnosis for study participation
Brief description of the nature of the SAE*	Enter brief description

💾 Add/save

←   →

Enter the patient particulars click on next

Note: SAE must be reported individually for all the affected patients

Fields with * are mandatory

Category of the SAE*
- Date of death
- Congenital anomaly/birth defect
- Life threatening
- Required intervention to prevent permanent impairment
- Hospitalization- initial or prolonged
- Disability/incapacity
- Other

Intervention type*
- Medication or nutritional supplement (specify)
- Device (specify)
- Surgery (specify)
- Behavioral/lifestyle (specify)

Specify*

Relationship of event to intervention
- Unrelated (clearly not related to the intervention)
- Possible (may be related to intervention)
- Definite (clearly related to intervention)

Was study intervention discontinued due to event
- Yes - No

What medications or other steps were taken to treat the SAE

What medications or other steps were taken to treat the SAE

Type of report
- Initial - Follow-up - Final

List any relevant tests, laboratory data, and history, including preexisting medical conditions

List any relevant tests, laboratory data, and history, including preexisting medical c

[Add/save]

[←]   [Submit]

Provide all the information and click on "Submit" to report the SAE

Technical Support –
For any technical queries please send an email to – rdhelpdesk@moph.gov.qa