



For Office Use Only –
Protocol #

This application requires the signature of the principal investigator and the director of the primary hospital department supporting this research study through provision of services prior to submission, the electronic signature(s) of the department director of all other hospital departments supporting the conduct of this research study, including the Finance and Legal Departments, will be required prior to review by the Research Review Committee.

By signing this application, you are endorsing the study and acknowledging service availability.

_____		_____	
Director	Date	Other	Date

Principal Investigator	Date		

Research Review Committee Decision:

- This protocol has been found to meet the mission of the hospital and any associated costs have been deemed acceptable. The protocol can be submitted to the IRB once a RRC Endorsement letter is provided.
- This protocol has been found to NOT meet the mission of the hospital and/or the costs are NOT acceptable to support conduct at PRMC.

Signature: _____

Chairman, Research Review Committee Approval Date