

**Protocol Title:**

Fill in title of study

**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.

Signature of  
director of  
the primary  
hospital  
department

\_\_\_\_\_

Director

Date

Other

Date

\_\_\_\_\_

Principal Investigator

Date

PI's signature and 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