

Research Application Signature Page

For Office Use Only –
Protocol #

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.

Director

Date

Other

Date

Principal Investigator

Date

PI's signature and

Signature
of director
of the
primary
hospital

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 TidalHealth Peninsula Regional

Signature: _____

Chairman, Research Review Committee

Approval Date