



Internal Academic Research Study Approval Form

Principal Investigator:
Department:

Title of study:

Project is (Please check one)
 Research
 Quality Improvement

The purpose of this form is to ensure all research studies are reviewed and approved by affected departments prior to IRB submission. This form is part of the study feasibility process for all research undertaken by St. Luke's University Health Network (SLUHN). This allows for evaluation of the research for scientific, operational, resource, and financial feasibility.

Required signatories, consider the following questions that are relevant to this review from your perspective:

1. Does the department have the required resources (i.e. time, space, people, expertise) to support the research?
2. Does the study design adequately address patient safety and data protection?

Department Approvals

Required	Department				
<input checked="" type="checkbox"/>	<p>I have reviewed this human subject research proposal and have determined that 1) the listed investigators are members or associates of the medical staff of the hospital where the research will be conducted and have been appropriately granted hospital privileges to perform the procedures outlined in the research proposal; and/or 2) the listed investigators are employees of the hospital whose job descriptions and competencies qualify them to perform the procedures outlined in the research proposal.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><i>Department / Division Chief</i></td> <td style="width: 30%;"><i>Date</i></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<i>Department / Division Chief</i>	<i>Date</i>		
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<input checked="" type="checkbox"/>	<p>I have reviewed this human subject research proposal and have determined that it meets the mission of this department/service line.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><i>Department/Division Service Line Administrator</i></td> <td style="width: 30%;"><i>Date</i></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<i>Department/Division Service Line Administrator</i>	<i>Date</i>		
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Signature of department head signifies the department's approval for the conduct of the study and the department's acceptance of the financial and operational impact study on the department. Completion of this form may not be waived.