

**RRN-REB Administration Approval Form**

\*fill out one form per department affected/ involved & obtain signature for approval

Date: \_\_\_\_\_\_

Study title:\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_

Site principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of study: \_\_\_\_\_

Units Affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff required & role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

Please type name & title here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date