Department Chair/ Director/ Mentor Sign-off Sheet

This sheet is to be used by residents, nurses and students in preparation for submitting their research to the Catholic Health System Institutional Review Board. Please make sure all areas are initialed and the pages has been signed and dated. Submissions are to be made through IRBNet.org.

Project title:

Primary Investigator:

Department:

________ As the Department Chair/ Director/ Mentor, I have read and reviewed the above mentioned study.

________ I verify that this study has not been completed in my department before.

OR

________ I verify that this study is a continuation of a study that has been started and received prior IRB Approval.

________ The study will be monitored by me, for its duration, at set intervals.

________ I will review all data collected to make sure it is valid and complete.

________ Before submissions or publications are made, all statistical analysis will be reviewed by myself or a knowledgeable counterpart.

_____________________________              ______________________________
Name                                   Title

_____________________________              ______________________________
Signature                              Date