

INVESTIGATORS

FORMS

SITE APPROVAL FORM

This form is to be completed for studies being conducted within hospitals and or institutions. It must be signed by the Chief Executive Officer or delegate. The signed form represents approval by the organisation for the research to be undertaken within the organisation.

Name of Study: _____ **Study Site:** _____

- 1.** Specify the likely duration of the project and where (within the hospital/site) it will be undertaken:

- 2.** Specify the number and type of patients or other participants likely to be involved:

- 3.** Please designate what areas/departments of the hospital/site will be affected (eg medical, nursing, medical records, etc):

1 _____

2 _____

3 _____

4 _____

5 _____

- 4.** Describe the involvement of staff who are not part of the investigative team estimating the number of staff hours involved and the type of instructions they will be given:

To be processed by the investigator and signed by the appropriate service/department head to indicate their acceptance that their service/department can accommodate the project.

MEDICAL STAFF: (Medical Director or delegate) (Comment): _____

Signature: _____

NURSING STAFF: (Director of Nursing or delegate) (Comment): _____

Signature: _____

MEDICAL RECORDS STAFF: (Medical Records Manager) (Comment): _____

Signature: _____

PHARMACY STAFF: (If relevant) (Comment): _____

Signature: _____

OTHER STAFF: (Comment): _____

Signature: _____

PRINCIPAL RESEARCHER'S SIGNATURE: _____ **DATE:** _____

I approve this project to be carried out at (Name of Institution)

SIGNATURE: _____ **DATE:** _____

CEO/GENERAL MANAGER _____
(Print Name)