

**VCU Health System Employee Approval Form To Participate
In Sponsored Project Activities**

This form is to be utilized for VCU Health System employees expected to provide specialized services in support of a VCU sponsored project. VCU Health System will be considered a contractual service provider.

Approval for residents/house staff to participate should be forwarded to Brian Aboff, brian.aboff@vcuhealth.org, in the Office of Graduate Medical Education. Approval for all other hospital employees should be forwarded to Mary Harmon, PhD, mary.harmon@vcuhealth.org. MCVP personnel should consult SOM Office of Research Administration before proceeding: SOMPROPOSALS@vcuhealth.org.

Sponsored project identifier (e.g.: sponsor supplied identifier, VCU IRB or WIRB number):

Official sponsored project title:

Sponsor VCU Health System Employee: Name, Title, % effort devoted to sponsored activity:

Name and title of VCU Health System employee supervisor:

By signing this form, the supervisor confirms the participation of the VCU Health System employee in the listed research protocol and grants permission for activities associated with the project.

Signature – VCUHS Employee/Resident	Printed Name	Date
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Signature - Principal Investigator of sponsored project	Printed Name	Date
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Signature - VCU Health System Employee Supervisor or Program Director	Printed Name	Date
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Signature - VCU Health System Authorized Official	Printed Name	Date
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