

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 Deborah Davis, deborah.davis@vcuhealth.org. MCVF 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.

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| Signature - Principal Investigator of sponsored project | Printed Name | Date |
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| Signature - VCU Health System Employee Supervisor (if different from the principal investigator) | Printed Name | Date |
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| Signature - VCU Health System Authorized Official | Printed Name | Date |
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