

SUBJECT: RESEARCH APPROVAL FORM

Effective Date: 6/14

Review Revision Date: June 13, 2014

Page 1 of 2

Prepared by: Jesus Monico, Instructor, Research

Approved by: Scott P. Stringer, M.D., M.S.

Date: _____

Project Title:

Discipline (please circle one): General Otolaryngology Otology Facial Plastics
 Sleep Medicine Rhinology Oral Oncology Head/Neck Pediatrics
 Allergy Neuroscience Voice/Swallow Audiology

Principal **FACULTY** Investigator (print name): _____

Signature represents that to the best of your knowledge all applicable institutional and regulatory policies have been considered in the plan of this research.

Signature: _____

Resident Research Project: Yes No

All Anticipated Collaborators:

Printed name: _____

Signature: _____

Printed name: _____

Signature: _____

Printed name: _____

Signature: _____

Printed name: _____

Signature: _____

Printed name: _____

Compliance Approval:

Signature confirms that to the best of your knowledge that the statements above are substantially correct.

Director of Clinical Research: _____

Approved for initiation:

Chair: _____

Date: _____