

The University of Mississippi Medical Center Department of Otolaryngology and Communicative Sciences	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL	MANUAL CODE:
SUBJECT: RESEARCH SUBMISSION APPROVAL FORM		
Effective Date: Immediately	Review Revision Date: October 21, 2003	Page <u>1 of 1</u>
Prepared by: JESUS MONICO, INSTRUCTOR, RESEARCH Approved by: SCOTT P. STRINGER, M.D., M.S., PROFESSOR AND CHAIRMAN		

Project Title:

Plan to submit to (journal or meeting):

Open access journal? ☐ YES ☐ NO

If yes:

Indicate cost: _____

Impact factor: _____

Rationale:

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

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

Signature: _____

All **Collaborators** (name to be included on abstract or paper):

Signatures represent that you have participated substantially in this research and/or the preparation of this manuscript/abstract.

Printed name: _____ Signature: _____

Printed name: _____ Signature: _____

Printed name: _____ Signature: _____

Printed name: _____ Signature: _____

Printed name: _____ Signature: _____

Compliance Approval:

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

Director of Clinical Research: _____

Approved for submission:

Chair: _____ Date: _____