



Legal Services Department

Institutional Review Board

Ph: (716) 821-4477

Fax: (716) 821-4465

Department Chair/ Director/ Mentor Sign-off Sheet

This sheet is to be used by residents, nurses and students in preparation for submitting their research to the Catholic Health System Institutional Review Board. Please make sure all areas are initialed and the pages has been signed and dated. Submissions are to be made through IRBNet.org.

Project title:

Primary Investigator:

Department:

_____ As the Department Chair/ Director/ Mentor, I have read and reviewed the above mentioned study.

_____ I verify that this study has not been completed in my department before.

OR

_____ I verify that this study is a continuation of a study that has been started and received prior IRB Approval.

_____ The study will be monitored by me, for its duration, at set intervals.

_____ I will review all data collected to make sure it is valid and complete.

_____ Before submissions or publications are made, all statistical analysis will be reviewed by myself or a knowledgeable counterpart.

Name

Title

Signature

Date