



Legal Services Department
Institutional Review Board
Phone: (716) 821-4477
Fax: (716) 821-4465

Research Correspondence Form

Site(s) Applicable to:

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COMPLETE ALL QUESTIONS

1.) Title of Project (as it appears on the Protocol **AND** Consenting Documents):

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2.) Principal Investigator(s) (as it/they appear(s) on the Protocol **AND** Consenting Documents):

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3.) Departments Involved:

1) Department: _____ Manager Signature: _____

Date: _____ Manager Name Printed: _____

2) Department: _____ Manager Signature: _____

Date: _____ Manager Name Printed: _____

3) Department: _____ Manager Signature: _____

Date: _____ Manager Name Printed: _____

4) Department: _____ Manager Signature: _____

Date: _____ Manager Name Printed: _____