

RESOURCES REQUIRED FOR RESEARCH

- Identify the NYGH departments or areas of care from which support/resources are required for conducting the proposed research study – e.g. Health Records, Pharmacy, Diagnostic Imaging, Information Services, Laboratory; etc.
- Please document the agreement reached by the appropriate departmental signatory in the form below. Append continuation page(s) if necessary.

STUDY INFORMATION (PLEASE TYPE)
Study Title:
Name of NYGH Investigator:
Department/Program of NYGH Investigator:
Contact email address:

Department Name: (PLEASE TYPE)
What the investigator needs from your area?
List any conditions of your approval:
My signature below attests to the following: <ul style="list-style-type: none"> • My Department has the resources (e.g. - materials, equipment, personnel, space, and patient population) to support this research. • The application is considered to be feasible and appropriate.
Approver Name:
Date:
Signature:

Please complete this resources required table for each department involved.