

PI Name:
Study Title:

IRB #:

Departments Involved in the Study	✓	Service Being Performed	Dept. Director Approval Signature/Date
Cardiovascular Service			/
Cath Lab			/
Child Life			/
Clinical Nutrition			/
Decision Support			/
EEG/EMG			/
ED			/
GI Lab			/
HIM (Health Information Mgt.)			/
Laboratory			/
Nursing Unit (Specify:)			/
Respiratory Care/Pulmonology			/
OR			/
Pharmacy			/
Radiology/Nuclear Medicine			/
Other Departments:			/
			/
			/
			/

Please return completed form to: Lisa Sentiff
 Children's Foundation Research Institute
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 Memphis, TN 38103
 901-287-6871