|  |
| --- |
| **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:  | Kerry Moore |  |
|  |  | Children's Foundation Research Institute  |
|  |  | 50 North Dunlap Street, 4th floor |
|  |  | Memphis, TN 38103 |  |
|  |  | 901-287-6871 |  |