|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |