Dear <Insert>,

Please find below details on our proposed research study for your review as <Head of Department/Clinical Institute Director/Executive Director/Manager>, and attached the project site authorisation form for your signature. Please do not hesitate to contact us if any further information is required.

Kind regards,

<Study contact>

|  |  |
| --- | --- |
| **Epworth HealthCare ID:**  | <Insert> |
| **Principal Investigator:** | <Insert> |
| **Study Title:** | <Insert> |
| **Study Coordinator:** | <Insert> |
| **Study/Amendment Summary** | <Insert> |
| **Study Sponsor/Responsible Organisation:** | <Insert> |
| **Ethics Committee:**  | <Insert> |
| **Funding:** | <Insert> |
| **Resources:** | <Insert> |

|  |
| --- |
| **Declaration:*** I certify that I have read the research project application named above.
* I certify that I have discussed this research project and the resource implications with the Principal Investigator.
* My signature indicates that I support this research project being carried out using such resources.

Name: ………………………………………………………………. Position: ……………………………………………………………Signature: …………………………………………………………. Date: ……………… |
| \* Where an investigator is also Head of Department, certification must be sought from the person to whom the Head of Department is responsible. Investigators must not approve their own research on behalf of their Department. |