

Simulation Center Research Project Signature Page

**This Signature page is to be completed ONLY for research projects to be conducted at the LAU-Clinical Simulation Center and must accompany the submission package to the Institutional Review Board.**

**For more information, please contact:**

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| *LAU - Clinical Simulation Center**Byblos, Lebanon* | *Phone:+961-9-547254 /* *+961-3-791314 Ext:2936* *Email:* *info@csc.lau.edu.lb* |
| ***1. General Information*** |
| Name of Principal Investigator:        | Title:        |
| Contact information:        | Email:       |
| Protocol / Study Title:       |
| Duration of the Project:       |

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| ***2. Required services*** |
| [ ]  Standardized patients |
| [ ]  Mannequins / Simulators |
| [ ]  Equipment supplies needed from the center. If yes, please specify:       |
| [ ]  Simulation Center Staff support. If Yes, please provide details:       |
| [ ]  Other activities, please specify:       |
| **Use of Simulation Center:**[ ]  During normal business hours[ ]  Outside normal business hours. Please specify date (s) and time (s)       |

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| ***3. LAU-Clinical Simulation Center Director’s*** ***Approval*** |
|                    Name Signature Date |