

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*](mailto: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 |