LAU Medical Center-SJH Research Project Signature Page

**This Signature page is to be completed ONLY for research projects to be conducted at LAU Medical Center-Saint John’s Hospital and must accompany the submission package to the LAU Institutional Review Board.**

**For more information, please contact:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Pamela Youssef,*  *LAU Medical Center - Saint John’s Hospital* | | *Phone: 09 – 640 140 ext. 7401*  *Email:* [*pamela.youssef@laumcsjh.com*](mailto:pamela.youssef@laumcsjh.com) | | |
| ***1. General Information*** | | | | | | |
| Name of Principal Investigator: | | | Title: | | | |
| Protocol / Study Title: | | | | | | |
| ***2. Required services*** | | | | | | |
| **Department / Facility** | **Type of Services Required**  **(Please detail the type of service required from each department)** | | | **Name and Signature**  **of Head of Department / Facility** | |
| Pharmacy |  | | |  | |
| Lab / Pathology |  | | |  | |
| Radiology |  | | |  | |
| Medical Records |  | | |  | |
| Biomedical Department (*For maintenance and calibration of equipment*) |  | | |  | |
| Other LAU Medical Center-SJH division |  | | |  | |
| ***3. LAU Medical Center-Saint John’s Hospital Chief Medical Officer’s*** ***Approval*** | | | | | |
| Name Signature Date | | | | | |
| **4. *LAU Medical Center-Saint John’s Hospital Chief Executive Officer’s Approval*** | | | | | |
| Name Signature Date | | | | | |