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* |
| ***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 |