REQUEST FOR PROGRAM APPROVAL - GENERAL

Project Title:	Click here to enter text.
REB Number:	Click here to enter text.
Principal Investigator (PI):	Click here to enter text.
Main Project Contact: *If not the same as the PI*	Click here to enter text.
Contact Phone Number and/or Email Address:	Click here to enter text.

Please refer to the Guide to Requests for Program Approval for instructions and request requirements

REQUEST DETAILS

Which hospital program/department is impacted?	Click here to enter text.
Explain what resources will be used (e.g. staff time, space, equipment, etc.) and how the research activities will impact the program/department.	Click here to enter text.
How many participants will be enrolled at this site?	Click here to enter text.
Does your study consist of inpatients or outpatients?	Choose an item.
Detail the plan to compensate the program/department (e.g. reimburse invoices, stipend, etc.) If you require assistance, please reach out to reb@hsnsudbury.ca.	Click here to enter text.
Anticipated start date	Click here to enter a date.
Anticipated completion date	Click here to enter a date.

APPROVAL
When approached for Program Approval, ensure you are provided with sufficient information to evaluate the project's impact on your program.

As evidenced by my signature below, my program is aware of the research project being proposed and acknowledges that this program is supportive of the research and able to accommodate and support the project as set out herein.

Signature:	
Date of Approval:	
Print Name:	
Title:	