



VCU Medical Center

VCU Health System Employee Approval Form To Participate In Sponsored Project Activities

Sponsored project identifier (e.g.: sponsor supplied identifier, VCU IRB or WIRB number)

Official sponsored project title

Sponsor

Name and title of VCU Health System employee

Name and title of VCU Health System employee supervisor

By signing this form, the supervisor confirms the participation of the VCU Health System employee in the listed research protocol and grants permission for activities associated with the project.

Signature - Principal Investigator of sponsored project

Printed Name

Date

Signature - VCU Health System Employee Supervisor
(if different from the principal investigator)

Printed Name

Date

Signature - VCU Health System Vice President,
Clinical Research Administration and Compliance

Printed Name

Date