



VCU Medical Center

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

This form is to be utilized for VCU Health System employees expected to provide specialized services in support of a VCU sponsored project. VCU Health System will be considered a contractual service provider.

*MCVP personnel should consult SOM Office of Research Administration before proceeding:
SOMPROPOSALS@vcuhealth.org.*

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 Authorized Official

Printed Name

Date