**SAMPLE letter of Support from Methodist Clinical Partner**

Investigator NOTE--- this is a sample. Mock this up for the person you are giving it to, and go over it with them. They will be writing/signing this letter which is addressed to you. Place this in your IRB application. Signature on letter is required.

Investigator Name

Institution (your school if a student and employer/location if an employee at MHS)

Address

Date: \_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_ (put your name as the investigator),

Based on my understanding of your research/EBP/QI study, I agree to serve as your clinical partner at \_\_\_\_\_\_\_\_\_\_\_\_\_ (location such as Methodist Hospital, Methodist Women’s Hospital, Methodist Physicians Clinic, Jennie Edmundson, Fremont Methodist etc.). This agreement is dependent upon approval of your study by the Methodist Hospital IRB.

My role as your clinical partner is to serve as the clinical contact person at the study site, to assist you with answering questions, potentially accessing data, working through the IRB process, and assisting you with abstract submission to the Methodist Annual Spring Research Day. In return for serving in this role, I will be listed on your IRB application as a secondary investigator and will participate with dissemination of the project results.

I understand your project will begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I look forward to working with you.

Sincerely,

Name, credentials

Position, unit/department

Phone number

Email address