**SAMPLE letter of Support from Unit/Department leadership**

NOTE--- you can mock this up for the person you are giving it to, and go over it with them. They may want to edit as needed. Place this in your IRB application. Signature on the letter is required.

If there are various units/departments, you can send this as an email to them as a group requesting they respond with their approval/support. Include the email with support in your appliciaton.

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

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

Based on my review of your research/EBP/QI project proposal, I give permission for you to conduct the study entitled \_\_\_\_\_\_\_\_\_\_\_\_\_ on my unit/department (select one) at (select clinical setting, i.e). This permission is dependent upon approval of the study by the Methodist Hospital IRB.

As part of this proposal, I authorize you to invite members of my unit/department (select one) to participate in the study as (subjects or \_\_\_\_\_\_\_). Their participation will be voluntary and at their own discretion. Subjects reserve the right to withdraw from the study at any time. I also reserve the right at any time to suspend this study on my unit or in my department (select one) if I deem it necessary.

I understand your project will begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the \_\_\_\_\_\_\_\_\_\_ (school IRB) and Methodist Hospital IRB.

Good luck on your project.

Sincerely,

Name, credentials

Position, unit/department

Phone number

Email address