Internal Medicine Research Elective Rotation Approval Form

Resident: _______________________________ Dates: __________________

Faculty Mentor: _______________________________

Location of Elective: _______________________________________________________________

Title of Project/ Specific Aim of Project: ______________________________________________

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BRIEF Summary of Approach:

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Checklist:

1. Does this project require IRB approval? Yes/No
   a. If IRB approval is required, has it been obtained? Yes/No
   b. If not, will it be approved prior to the research elective? Yes/No
   c. Has the resident taken a Human Subjects Certification Course? Yes/No

2. Does this project require an animal protocol? Yes/No
   a. If animal protocol approval is required, has it been obtained? Yes/No
   b. If not, will it be approved prior to the research elective? Yes/No
   c. Has the resident taken animal training courses? Yes/No

Approvals:

Resident signature: _______________________________ Date: ______________

Faculty Signature: _______________________________ Date: ______________

Residency Official Signature: __________________________ Date: ______________