

**HUMAN  
RESEARCH  
PROTECTION**

**Physician Chief acknowledgement**

Number 322

Version date 20 OCT 2021

Resource type FORM

The study team must complete this form to confirm that your Physician Chief has reviewed an initial submission to the Hennepin Healthcare IRB.

1. Complete this form
2. Provide a copy of the protocol and other applicable materials to your Physician Chief/designee for review
3. Attach the completed form in your Cayuse HE submission

Human Research Protection Office (HRPO) website:

<https://www.hhrinstitute.org/researcher-resources/ohsr/>

Complete this form electronically (*Enable Editing* if necessary)

**Project Summary**

**HENNEPIN HEALTHCARE PI**

Project title

Project sponsor

**Physician Chief/designee acknowledgement**

**NOTE: The PI is ineligible to serve as the authorized designee**

**I confirm the following:**

- ♦ I am the Physician Chief or designee authorized to review this IRB submission on behalf of the organization
- ♦ The objectives of the project are consistent with organizational values
- ♦ The Principal Investigator has appropriate clinical expertise and experience to oversee the project
- ♦ The Principal Investigator will be provided applicable organizational resources for the project

Department

Name

email

signature \_\_\_\_\_

**—OR—**

e-signature

block