

Administrative Approval Form for Research Protocols

Date: _____
Study Title: _____
Principal Investigator: _____

Required Acknowledgments:

Manager, Clinical Trials Operations

This study meets the approval criteria, recommend approval ☐
This study does not meet the approval criteria, recommend denial ☐
based on the following:

Does not meet:

Mission and Vision Criteria ☐ Operational Criteria ☐
Documentation Criteria ☐ Legal/Compliance Criteria ☐
Budget Criteria ☐ IRB Criteria ☐

Date

Comments:

Healthcare Ethicist, if applicable

This study meets the approval criteria, recommend approval ☐
This study does not meet the approval criteria, recommend denial ☐
based on the following:

Does not meet:

Mission and Vision Criteria ☐

Date

Comments:

Director, Finance, if applicable

This study meets the approval criteria, recommend approval ☐
This study does not meet the approval criteria, recommend denial ☐
based on the following:

Does not meet:

Budget Criteria ☐

Date

Comments:

Administrative Executive

This study meets the approval criteria, recommend approval ☐
This study does not meet the approval criteria, recommend denial ☐
based on the following:

Does not meet:

Mission and Vision Criteria ☐ Operational Criteria ☐

Date

Comments:

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Date: _____
Study Title: _____
Principal Investigator: _____

Documentation Criteria ☐ Legal/Compliance Criteria ☐
Budget Criteria ☐ IRB Criteria ☐

Director, Legal/Compliance, if applicable

This study meets the approval criteria, recommend approval ☐
This study does not meet the approval criteria, recommend denial ☐
based on the following:

Does not meet:
Legal/Compliance Criteria ☐

If after detailed analysis, the study does not meet Budget or Operational Criteria and the PI has requested the study proceed to the Operations Council for review:

CSM Operations Council

This study meets the Budget and/or Operational criteria, ☐
recommend approval
This study does not meet the Budget and/or Operational ☐
approval criteria, recommend denial
Comments/Concerns Raised:

Date

Comments:

Date of Meeting