



**Non-Physician Investigator (NPI) Initiated Research/Projects
Documentation of Approval
(Form Date 4/2020)**

Name: (Print) _____

School Affiliation: _____

Employee: Department: _____

Non-Employee (May only seek approval for Projects, i.e., QA/QI, school assignments, etc.)

Facility: Community Hospital St. Catherine Hospital St. Mary Medical Center CSRC
 Other: _____

NOTE: Approval must be obtained from each facility where the research/project will take place.

		Signature (Indicates approval)	Date	Comments
1.	Immediate Supervisor			Reviewed and Approved NPI Proposal
2.	Valid Affiliation Agreement			Approved and on File (If applicable)
3.	Mentor			(If required)
4.	Human Resources Orientation			Required for Non-Employee NPI

Return all signed documentation to the CHS CIRB Office:

C/O Jana L. Lacera
IRB/Bio-Ethics
Community Hospital
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Munster, IN 46321
jlacera@comhs.org