**SAMPLE letter of Support from Methodist Clinical Partner**

NOTE--- Leader may want to edit as needed. Include this as an appendix with IRB application. Signature on the letter is required.

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

Dear [name of project investigator],

Based on my understanding of your project entitled *[insert project name here*], I agree to serve as your clinical partner on [*identify setting*]. This agreement is dependent upon approval of your study by the Methodist Hospital IRB.

My role as your clinical partner is to serve as the clinical contact person at the study site and to answer questions related to project implementation. In return for serving in this role, I will be listed on the Methodist Institutional Review Board application as a clinical partner and for any dissemination of the project results.

I understand your project will begin [*insert anticipated start date*] and will end [*insert anticipated end date*].

Sincerely,

Name, credentials

Position, unit/department

Phone number

Email address