**SAMPLE letter of Support from Unit/Department leadership**

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

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

Dear \_\_\_\_\_\_\_\_\_\_\_\_ (your name as the investigator),

Based on my review of your project proposal, I give permission for you to conduct the project entitled *[insert project name here*] on [*identify setting*]. This permission is dependent upon approval of the study by the Methodist Hospital Institutional Review Board (IRB).

I reserve the right at any time to suspend this study on my unit or in my department) if I deem it necessary.

I understand your project will begin [*insert anticipated start date*] and will end [*insert anticipated end date*]. Any variation in project methods must be approved by Methodist IRB and myself. I ask that I receive the project results.

Good luck on your project.

Sincerely,

Name, credentials

Position, unit/department

Phone number

Email address