

Institutional Review Board
Nebraska Methodist Hospital

Review Form for Use in Evaluating Minimal Risk Studies

Name of Study:

Investigators:

Date:

I have reviewed and endorse proceeding with the study indicated above. (Required if employee of Patient Care Division or Methodist College)

I do not approve.

Vice-President, Patient Care Services Date
Nebraska Methodist Hospital

I have reviewed and approve this study, through the expedited approval process.

Chairman, Institutional Review Board Date
Nebraska Methodist Hospital (required signature)