

**Institutional Review Board
Nebraska Methodist Hospital**

**Review Form for Use in Evaluating Minimal Risk Nursing and Allied Health
Research 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.

**Deborah M. Conley, Chair Nursing Research Council
Nebraska Methodist Hospital**

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, CNO and VP Patient Care Services
Nebraska Methodist Hospital and Women's Hospital**

Date

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

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

Date

**After final signature above is provided, send form to the IRB office -
Kristi Dziatkowski, Medical Staff Coordinator - 1 South Medical Staff Office.
The Medical Staff office will notify Primary Investigator of approval.**