# Institutional Review Board Nebraska Methodist Hospital

**Front Cover Page for Review of Nursing and Allied Health**

**RESEARCH STUDIES**

Name of Study:

Principal Investigators:

Date:

 **I have reviewed and endorse proceeding with the study indicated above.**

 **I do not approve.**

**Deborah Conley**, MSN, APRN-CNS, GCNS-BC **Date**

Member Methodist Hospital IRB Committee

 **I have reviewed and endorse proceeding with the study indicated above.**

 **I do not approve**.

**Teri Tipton Bruening,** MSN, RN-BC, CNE, CNO and VP Patient Care Services  **Date**

Methodist Hospital and Women’s Hospital

 **I have reviewed and approve this study as (select one):**

 **€ Quality Improvement € Evidence Based Practice € Research**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Aru Panwar, MD Date**

Chairman, Institutional Review Board
Methodist Hospital (required signature)

**After final signature above, send application to the IRB office.**

**Attention: Kristi Dziatkowski-Medical Staff Office - 2 South Methodist Hospital.**

**That office will notify Primary Investigator of study status.**

**Revised 4/2022**