



METHODIST

The Nebraska Methodist Hospital
8303 Dodge Street
Omaha, Nebraska 68114
(402) 354-4000

Institutional Review Board

Review of Nursing and Allied Health Research Studies

TITLE of Study*

Principal Investigator's Name / Credentials*

Submission to the IRB Date*

I have reviewed and approve proceeding with this study.

I have reviewed and do not approve proceeding with this study.

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

Date

Nebraska Methodist Hospital IRB Committee Member

I have reviewed and approve proceeding with this study.

I have reviewed and do not approve proceeding with this study.

Teri Tipton Bruening, MSN, RN-BC, CNE, CNO

Date

VP Patient Care Services Nebraska Methodist Hospital and Women's Hospital

I have reviewed and approve proceeding with this study as.

Quality Improvement

Evidence Based Practice

Research

I have reviewed and do not approve proceeding with this study.

Aru Panwar, MD

Date

Nebraska Methodist Hospital Institutional Review Board, Chairman

Signature of Principal Investigator or designee*/**

Date (if not provided above)

* required field

** An electronic signature or typed name constitutes a binding electronic signature for this study.