

TITLE: _____

HSC#: _____

PI: _____

STATEMENT OF DEPARTMENT CHAIRPERSON:

- *I, or my departmental research review committee, have performed a comprehensive review of this protocol and have found that this study is scientifically meritorious and clinically relevant and that the methods are sufficient to address the stated hypothesis.*
- *I certify that the principal investigator and the co-investigators have the proper education, experience, and expertise to conduct the study.*
- *I will ensure that the conduct of this protocol will adhere to all UTHSC-H policies and procedures.*

Printed Name of Department Chairperson, Program Director, School Dean, or
Memorial Hermann Healthcare System Facility Designee

Date

Signature of Department Chairperson, Program Director, School Dean, or
Memorial Hermann Healthcare System Facility Designee

Date

Note: If PI is a Division Chair the counter-signature must be by the Department Chair. If PI is a Department Chair, the counter-signature must be the Dean. **If using a MHHS facility, the applicable Chief of Staff, Service Chief or other physician as designated by your MHHS facility must sign.**