



Internal Medicine Research Elective Rotation Approval Form

Resident: _____ Month: _____

Faculty Mentor: _____

Title of Project:

Specific Aim of Project:

BRIEF Summary of Approach:

Checklist:

- | | |
|---|--------|
| 1. Does this project require IRB approval? | Yes/No |
| a. If IRB approval is required, has it been obtained? | Yes/No |
| b. If not, will it be approved prior to the research elective? | Yes/No |
| c. Has the resident taken a Human Subjects Certification Course? | Yes/No |
| 2. Does this project require an animal protocol ? | Yes/No |
| a. If animal protocol approval is required, has it been obtained? | Yes/No |
| b. If not, will it be approved prior to the research elective? | Yes/No |
| c. Has the resident taken animal training courses? | Yes/No |

Approvals:

Resident signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Residency Official Signature: _____ Date: _____