

**Institutional Proposed Study Assurance and Approval: WMed Sites**

**Study Title:**

This form is for studies conducted by faculty, residents, and students at WMed and for which the WMed IRB is either the IRB of record, has waived oversight to an external IRB, or which uses resources, services, or patients at WMed. Study team membership is subject to all applicable WMed policies.

If the study involves a grant or contract overseen by WMed, please contact the director of Sponsored Programs Administration to complete a sponsored programs administration Institutional Assurance and Approval form.

Proposed Principal Investigator:

Protocol or Synopsis Attached:

Brief Description of Study:

If WMed services are necessary to complete the proposed study, services approval needs to be obtained prior to Institutional Approval. Once each services review is completed, submit this signed form and all services approval documentation to the department chair for approval.

The following services at the Institution are required to conduct this study:

*Signature or email correspondence is required as evidence of approval for each service.*

Laboratory:  Date:

Pharmacy: Date:

Imaging: Date:

Nursing: Date:

Medical Records:  Date:

Information Technology (IT): Date:

Other Ancillary Service(s): Date:

Study Location(s): Date:

If this study uses WMed student, resident/fellow, or faculty data (surveys, opinions, academic information, etc.), the following approval(s) is required.

Student Data: Date: Associate Dean for Educational Affairs

Resident/Fellow Data:  Date:  
 Associate Dean for Graduate Medical Education

Faculty Data: Date: Associate Dean for Faculty Affairs



**Departmental Chair/Program Chief**

**Assurance and Approval of Proposed Study at WMed Sites**

**Study Title:**

I have reviewed the proposed study and approve this study to be conducted at WMed. The named investigators are qualified and possess the necessary credentials to conduct the research and perform the required protocol procedures. WMed ensures that the investigators have access to adequate facilities, time, staff, and equipment to perform the study, and that emergency care will be available or arranged should the need arise.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Chair/Program Chief

**Western Michigan University Homer Stryker M.D. School of Medicine  
Institutional Assurance and Approval of Proposed Study**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate Dean for Research