

**Mercy College of Health Sciences
Institutional Review Board**

Program Chair/Director Approval and Consent of Confidentiality

Date: _____

Dear Program Chair or Director,

A request has been received to conduct research in your area. Please review the research letter of request and additional documents (*sent via email*) from _____, that includes MCHS faculty as human subjects. By consenting to approval of the study in your area, you are also required to consent to the following confidentiality requirements, based on your review of the study documents.

_____ I approve of the study being conducted in my area. I understand and agree that information disclosed in the study documents is confidential and private, and may not be shared with anyone, or any part of the research documents be used for personal or other purposes, as it is the sole property of the researcher.

_____ I do not approve of the study being conducted in my area.

If you have any questions, please contact the IRB Chair, Dr. Joan McCleish, at IRB@mchs.edu.

Please respond as soon as possible by sending this completed form to IRB@mchs.edu with your approval or non-approval.

Name and Title/Dept: _____

Signature: _____

Please note: When outside individuals request to have research studies completed at MCHS that include members of the faculty/students, Program Chairs will be the 1st step to OK research to be completed in their area. The 2nd step is for the MCHS IRB Chair/Designee to obtain information from the requesting institution's IRB regarding their review of the study prior to any data being collected. Once steps 1 and 2 are complete, notification for approval of study will be sent.