

## Research Protocol: NYSPI Clinical Review

Please attach a copy of the application abstract

Project Title:

Principal Investigator:

Co-Investigator:

Proposed dates of study:

- No NYSPI clinical facilities/resources/personnel are involved.
- No NYSPI patient populations are involved.
- NYSPI clinical facilities/resources/personnel are involved (if yes to any of these, please describe below)

NYSPI space:

NYSPI personnel:

Other NYSPI resources (e.g., pharmacy):

- NYSPI Patient Populations are involved (if yes to any of these, please describe below)

NYSPI inpatients:

NYSPI outpatients:

Other:

---

Signature of Research Chief/Department Head

---

Date

---

Signature of NYSPI Deputy/Clinical Director

---

Date