



Research &
Innovation
Advancement

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Canada

Utilization of IWK Resources – Letter of Support

This form is to be signed by any department / division / program / service (e.g. nursing unit, lab, diagnostic imaging, pharmacy, etc.) impacted by the proposed research.

Research Study	
Title of Protocol	

IWK Principal Investigator	
Name	
Phone No.	
Email Address	

Collaborating Department / Division / Program / Service	
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Chief / Head / Director / Manager of Collaborating Department / Division / Program / Service
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I confirm that I am aware of the impact of the above noted study and support it being conducted within my department / division / program / service. I understand that the Principal Investigator / research coordinator will make arrangements to inform and educate appropriate staff about the purpose, procedures, specific expectations and outcomes of this study.

Name (print): _____ Signature: _____

Position: _____ Date: _____