

Letter of Support from involved departments/services

Research Project	
Title of project	

Principal Investigator			
Name			
Telephone number		Fax number	
Email			

Establishment where the project will take place	
Establishment	
Service/Department	

Chief of service/Director/Manager of the service/Department

- I confirm that aforementioned service/department has been informed of its implication in the present research project.
- I understand that the logistics required of the project's realization will be taken care of by the principal investigator, in collaboration with Vitalité Health Network's Regional Research Support Office.

If the project requires resources from the involved service/department, please specify:

- The goals of the research project, the involved personnel's roles and expectations pertaining to the project have been explained to me by the principal investigator.
- I agree to explain to the personnel in my service/department the role they will play in the present research project.

Signature

Date

Name (printed)

Position