

Agency Permission for Data Collection for Research Project

This signed agency permission form must be scanned and submitted along with IRB application.

By signing this form, the Agency Representative does not grant IRB approval of the research study. The Agency Representative's signature denotes awareness that:

(1) the Principal Investigator (PI) has requested to conduct research at the Agency Representative's facility; and (2) upon receiving IRB approval, the Agency Representative has granted access to the requested information. **Lourdes University recognizes students as PIs and as such remains responsible for student behavior in the research setting.**

Please remember that the Principal Investigator at Lourdes University may make a formal presentation of the research study to a forum of students and faculty. Representatives of the company/organization may be invited.

| Principal Investigator (student) name: | |
|---|----|
| under the guidance of (Faculty Advisor) name: | |
| is granted permission to undertake a research project entitled: | |
| | |
| The research is to be conducted at (name of facility): | |
| from the date of | to |

Describe the following:

1. In at least 250-300 words, describe the nature of the study (give details of the study's purpose and the data collection procedures):

- 2. Please identify:
 - (a) the type(s) of data collected; and
 - (b) if applicable, the type(s) of identifiers collected.

a)

b)

3. Please state how confidentiality of data and participant identifiers will be maintained throughout the research project:

| 4. Please identify the risks in | volved (remem | ber to recognize that no study is completely risk-free) | : |
|---|---|--|-----------------------------------|
| 5. Please state the measures t | hat have been e | established to avoid the aforementioned risks: | |
| 6. How will data be kept seco | are (stored) dur | ring the study? | |
| 7. How will information be o | lestroyed when | the study is over? | |
| 8. How will the results of the | e project be rep | orted and used? | |
| Required Signatures include | : | | |
| appropriate academic rigor and University Institutional Review | will require appr Board. Manager | dvisor and the Agency Representative that the study will in roval of the research methodology by the academic advisor a ment/Supervisors will be kept informed by me of the progr g up with the Agency Representative to acknowledge l | and Lourdes ess of the |
| Yes | No | | |
| Principal Investigator Print | | Principal Investigator Signature | Date |
| | | re reviewed the protocol in its entirety and have explained to protocol with the Agency Representative prior to the Agen | |
| Yes | No | | |
| Faculty Advisor Print | | Faculty Advisor Signature | Date |
| Note: Principal Investigator and Facult | y Advisor signatures | need to be documented BEFORE Agency Representative Signature. | |
| data/resources/employee information signing this document, I acknow | nation etc. for th wledge that my si rincipal Investiga | d granted permission to the Principal Investigator to access he Principal Investigator to conduct his/her research study a ignature DOES NOT grant IRB approval of the study. My attor has requested to conduct research at my facility; and (2 the requested information. | at my facility. By signature does |
| Yes | No | | |