**

Insert date here.

Principal Investigator name, credentials

Title

Department

Address Line 1

Address Line 2

City, State Zipcode

RE: Study title

Dear Name of PI,

I am writing to express my support for the important study titled (IRB #): IRB #

“Study Title”

As the Patient Care Manager/ Unit Director of the study unit, Unit name/location, I offer my support to conduct the study here pending the receipt of the following:

* The CHR Approval Letter, IRB approved protocol and consent
* Notification regarding the study timeline and other related issues
* Notification when the study period is completed
* A report and/or summary of study results to the unit staff when available

Description of non-standard nursing care that will be accomplished and/or how any resources from the unit will be obtained

Context of patients with this issue on the unit of interest. Sentence reflecting aim of study and value of research topic in specific clinical area, as applicable. This research will fill in blank of how it will benefit unit and patients.

I am in full agreement to offer unit location as a study unit and support this research once the documents are received. I would like to be notified regarding the study timeline, phases of the trial, any IRB-approved modifications to the study, and other related issues. Also, I would like to be notified when the study is completed per our policy titled Research on Patient Care Units.

Sincerely,

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name, credentials

Title

Unit

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