DEPARTMENT/INSTITUTE/CENTER REVIEW CONFIRMATION

For Investigator-Initiated Trial Submission to the MSOM Research Feasibility Committee

Principal Investigator	
Email address	
Department / Institute / Center	
Study Title	
Protocol Version / Date	

The Department/Institute/Center has reviewed the investigator-initiated trial identified above. The departmental review considered:

- Clinical impact and relevance
- Scientific merit
- Alignment with departmental priorities and expertise
- Departmental support and resource considerations

DEPARTMENT DETERMINATION

☐ Review complete. The Department/Institute/Center supports submission of this study to the MSOM Research Feasibility Committee.

This letter confirms completion of the departmental review and may be attached to PI's RFC submission. It does not constitute approval by the MSOM RFC, IRB, or other institutional review bodies.

_____ _____

[Department Chair / Designee Name] Signature

Date: _____