**Yale-New Haven Hospital**

**Human Protections Administrator Approval Form**

Title of the study: Click or tap here to enter text.

Name of the Principal Investigator: Click or tap here to enter text.

**Research conducted by the PI who is solely affiliated with Yale-New Haven Hospital must be first approved by the YNHH Human Subjects Protection Administrator (Dr. Ohm Deshpande, MD). The administrator will attest to the qualifications of the PI and affirm that there are no known undisclosed COIs either with the institution or the investigator and that the investigator can serve as PI.**

**Dr. Deshpande can be contacted directly at** [**OHM.DESHPANDE@YNHH.ORG**](mailto:OHM.DESHPANDE@YNHH.ORG) **or by emailing Patricia Dwy (patricia.dwy@ynhh.org). The attestation form must be uploaded in the Supporting Documents page.**

As the Human Protections Administrator (HPA) of Yale-New Haven Hospital, I assert that:

I have reviewed the information provided in this application.

I approve of this YNHH employee to serve as the Principal Investigator on this protocol.

The Principal Investigator has the necessary resources to complete the project and achieve its aims.

There are no protocol-related financial or non-financial conflict(s) of interest for this PI or YNHH. **OR**

Conflict management is necessary as there is a reported COI for the PI or YNHH. *Please provide the description of the COI and required management plan as an attachment.*

The protocol may be submitted to the Yale or Yale-designated IRB.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yale-New Haven Hospital Human Protections Administrator

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_