**[PRINTED ON SUPPORTING SITE’S LETTERHEAD]**

[UTRGV RESEARCHER’S NAME]  
[ADDRESS]  
[EMAIL ADDRESS]

RE: [TITLE OF PROJECT]

Dear [UTRGV RESEARCHER’S NAME],

I am writing regarding the research study titled, “[TITLE OF STUDY]”, to acknowledge and provide site permission for research that will be conducted with/at [NAME OF SITE]. I understand that this data will be owned by UTRGV and will be used in professional presentations and publications.

More specifically, our facility will allow the Research Study Team access to conduct related study activities such as:

Highlighted information in Green is guidance and should be deleted before obtaining a signature on the letter or if not applicable.

|  |  |
| --- | --- |
| Allow project staff to be on-site to recruit participants. | Provide space for participants to complete the research activities on site. |
| Hand-out flyers about the study. | Obtaining consent from participants |
| Provide data from records or access to records for the collection of study data. | Conduct study assessments and/or collect study samples. |
| Implement study manipulation/intervention | Other: |
| I/we want to be recognized by name in publications or presentations  (If checking this box, please indicate the names of people or the organization as you would expect it to appear in publications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Note (*please delete this note if not applicable to the study*): This option will only be approved by the IRB in cases where (1) study subjects were not told their participation would be confidential; or (2) naming of the sites would not likely jeopardize confidentiality. In addition, the IRB will consider the nature of the data being collected when evaluating such reports. | |

For individuals/sites who will be engaged in research [i.e. site’s employees or agents obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about the subjects of the research; or (3) the informed consent of human subjects for the research] and who are not affiliated with an FWA-holding institution you will also need to submit an Individual Investigator Agreement for **each individual** at the site engaged in research. If unsure if a site or individual will be engaged in research please contact the IRB or view OHRP’s guidance here <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-engagement-of-institutions/index.html>)

I certify to have the authority to bind my organization and to grant such permission to conduct the proposed research at [INSERT NAME OF SITE].

Sincerely,

[SIGNATURE OF SITE AUTHORIZED AGENT]

[INSERT AUTHORIZED AGENT’S NAME]

[INSERT JOB TITLE OF AUTHORIZED AGENT]