



Facility Impact

Hatton Study
 #/Study ID:
 Study Title:

PI:

Facility, clinic, or department research study will be conducted:

Please obtain the signature of the appropriate Director or Manager to indicate you have their approval to conduct this research study in their facility/clinic/department. An email acknowledgment may be attached to this form in lieu of signature. If more than one facility/clinic/department is going to be utilized, approval is required from each one.

Name of Department Director or Manager	Acknowledgment	Signature of Director or Manager/Date
	Email/letter attached Via Signature	
	Email/letter attached Via Signature	
	Email/letter attached Via Signature	