

HARVARD PILGRIM HEALTH CARE CAYUSE IMPACT ON NON-DPM DEPARTMENTS FORM

INSTRUCTIONS: This form must be completed for each non-DPM Point32Health department or site involved in the project. Each department Vice President (or above) must approve the use of their facilities or staff effort. The Investigator must attach this completed and signed form in Cayuse so that it can be reviewed by the appropriate Grants Manager. All reviews must be completed and signatures obtained prior to submission for funding and/or the start of the study if unfunded.

A. STUDY INFORMATION

1. Title of Project:

2. HPHC/I Principal Investigator/Degree(s):

B. DEPARTMENT/SITE INFORMATION

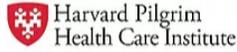
1. Name of Department/Site:

2. Provide a description of the work the department will complete for this project. If data is being provided, provide a detailed description of the data, including membership population, volume, and data elements.

3. Provide estimated start and end dates for the work:

4. Will effort by departmental personnel be needed?
 No **Yes**; If Yes, list the personnel, percentage of effort, and a description of work:

5. Will facilities, either clinical or non-clinical, be used during the project?
 No **Yes**; If Yes, list the specific site or room(s), planned duration of use, and contact name/information:



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C. CERTIFICATION

I acknowledge that I have reviewed and agree to the content of this form. By signing this form, I am **committing my department's resources** to perform the work described above when this project receives IRB approval and funding (if applicable), which I understand may take 6-12 months or longer. I understand that once approved and funded (if applicable), the work described above will need to be completed in the timeframes defined by the Institute. Any subsequent revision to the content must be re-approved by me or another appropriate approver (VP or above).

(signature)

Date

(Print Name)

Title