**Appendix 2:** Letter of Cooperation

Students should use RSN Letterhead and modify the document from the IRB Templates to fit the context of the project.

Example: (Adapted from Rutgers eIRB Template)

Date:*[MM/DD/YYYY]*

***Re: Letter of Cooperation For [List of Site Name(s)]***

Dear *[Name of PI]*,

This letter confirms that that I, as an authorized representative of *[Organization Name]*, allow the PI access to conduct study related activities at the listed site(s), as discussed with the PI and briefly outlined below, and which may commence when the PI provides evidence of IRB approval for the proposed project.

* **Research Site(s)**: *[List the specific site name(s) and address(es) for all sites which the organization is providing access for PI to conduct research.]*
* **Study Purpose:***[Briefly summarize the study’s purpose and chief aim(s).]*
* **Study Activities:***[Briefly detail study activities that will commence at the site, such as surveys to be distributed to Site employees, interviews or interventions with patients, or access to database(s), etc.]*
* **Subject Enrollment:***[Identify subject inclusion criteria and sample size target.]*
* **Site(s) Support**: *[Detail what support the study site(s) agree to provide to further the research, such as provide space to conduct study activities, authorize site employees to identify persons who might qualify for study, distribute questionnaires, retrieve patient data from Site files, provide tissue samples etc.]*
* **Data Management:** *[Briefly detail the data management plan—what data will be collected, whether data will be identifiable or de-identified, and what protections will be in place to protect the data, e.g. password protected, encryption, etc.]*
* **Other:** *[Outline any other agreements you and the organization have made to further the research, if applicable.]*
* **Anticipated End Date:** *[State the anticipated date you will conclude research activities at the study site.]*

We understand that this site’s participation will only take place during the study’s active IRB approval period. All study related activities must cease if IRB approval expires or is suspended. I understand that any activities involving Personal Private Information or Protected Health Information may require compliance with HIPAA Laws and Rutgers Policy.

Our organization agrees to the terms and conditions stated above. If we have any concerns related to this project, we will contact the PI. For concerns regarding IRB policy or human subject welfare, we may also contact the Rutgers IRB (see [orra.rutgers.edu/hspp](https://orra.rutgers.edu/hspp)).

Regards,

**[Please ask the representative authorized to grant permission to use the site for research to provide the following]:**

|  |  |
| --- | --- |
| [Signature of Research SiteAuthorized Representative] | [Date Letter Signed] |
| **Signature**[Full Name of Research SiteAuthorized Representative] | **Date Signed**[Job Title of Research Site *Authorized Representative]* |
| **Full Name** | **Job Title** |