

Clinical Director's Acknowledgment

The Clinical Directors for all units where data collection is to take place have been notified of the research protocol and the likely start and end dates.

Yes ____ **No** ____

Please list the name of the Clinical Director and their area of responsibility:

_____ Name (Clinical Director)	_____ Department/Division	_____ Date
-----------------------------------	------------------------------	---------------

_____ Name (Clinical Director)	_____ Department/Division	_____ Date
-----------------------------------	------------------------------	---------------

_____ Name (Clinical Director)	_____ Department/Division	_____ Date
-----------------------------------	------------------------------	---------------