

## Research Site's Company/Organization/School Letterhead]

# Letter of Support/Site Agreement Template

(Letter of Cooperation or School Permission)

For Use with Sites Not “Engaged” In Research (See **NOTE** below)

*[Investigator Instructions (in Blue Italics): You must obtain a signed Letter of Cooperation from any non-Radford University institution/organization/school where you plan to conduct research with its staff, students, patients, or members. To respect and protect others’ interests, yourself and the University, certain pieces of information must be included in the Letter a site provides to you.]*

*Below, please find a Letter of Cooperation Template. Fill in the blanks and submit the template to the Site, asking them to use the template to guide the Letter of Cooperation they write for you to conduct research. (Of course, delete bulleted sections that do not apply to your study AND all of the investigator instructions (in blue italics) before submitting the template to the Site.)*

*If the site prefers to craft the letter differently, they may do so. But, their letter must contain the relevant information highlighted in the text below. Upon receipt from the Site, upload the signed Letter of Cooperation to your IRB application in IRBManager for IRB review and approval. Research activities may not begin at the site until IRB approval is obtained.]*

**[NOTE:** *If you plan to “engage” the employees or agents of the non-Radford University institution/organization in the research, a Letter of Cooperation is not required. Rather, you must secure IRB approval from the study site, in addition to Radford University IRB approval. To learn about when sites are engaged in research, when Radford University IRB approvals are required, and what to do if the non-Radford University site does not have an IRB, see [IRB Policies & Procedures Manual](#), Section 3.8.*

Date: [MM/DD/YYYY]

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

Dear [Name of Principal Investigator (PI)],

This letter confirms that that I, as an authorized representative of [Organization Name], allow the Principal Investigator [and study staff, if any] access to conduct study related activities at the listed site(s), as discussed with the Principal Investigator and briefly outlined below.

- **Research Site(s):** [List the specific site name(s) and address(es) for all sites which the organization is providing access for PI (and study staff, if applicable) to conduct research.]
- **Funding Agency:** [Identify funding source, if any, for the research. If not funded, delete this bullet.]
- **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.]

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- **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.

Add **INSERT** here, when applicable.

Our organization agrees to the terms and conditions stated above. If we have any concerns related to this project, we will contact the Principal Investigator. For concerns regarding IRB policy or human subject welfare, we may also contact the Radford University Research Compliance Office at <https://www.radford.edu/content/research-compliance/home/irb.html>

Regards,

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

*[Signature of Research Site  
Authorized Representative]*

*[Date Letter Signed]*

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**Signature**

**Date Signed**

*[Full Name of Research Site  
Authorized Representative]*

*[Job Title of Research Site  
Authorized Representative]*

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**Full Name**

**Job Title**

**INSERT:**

*[If the Non-Radford University site chosen is a program principally engaged in the provision of education, including, but not limited to early childhood education, elementary and secondary education, postsecondary education, and adult education, add the following paragraph in the body of the text where indicated above:]*

Our organization agrees to ensure that the following requirements are followed in the conduct of this research, when applicable: Family Education Rights Act (FERPA) and Protection of Pupil Rights Amendment (PPRA).