Annex No. 1

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*(University / Institution / Organization)*

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*(Faculty, Year, Group)*

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*(Name, Surname)*

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*(Phone number, E-mail address)*

To: Head of the Research and Studies Coordination Department

at the Hospital of Lithuanian University of Health Sciences Kauno klinikos

**REQUEST FOR PERMISSION**

Regarding research study at Kauno klinikos

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Hereby I request for the permission to carry out my research study at the Hospital of Lithuanian University of Health Sciences Kauno klinikos.

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| Title of the research study |  |
| Study supervisor |  |
| Department in which the study will be carried out (if several departments, please, list all) |  |
| Research work  goal, objectives and expected  results |  |
| Study participants *(patients, relatives, employees)* |  |
| Study sample size *(how many subjects are you planning to investigate?)* |  |
| Beginning of the study *(date cannot be earlier than*  *received LSMU BEC*  *approval)* |  |
| End of the study |  |
| Method of data collection *(retrospective,  prospective, combined)* |  |

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| --- |
| The confidentiality of the research study will be assured according to the regulations of the law on the rights of patients and compensation of the damage to their health. Only summarized results of the research study will be published.  The Center of Bioethics at the Lithuanian University of Health Sciences has reviewed and approved the study protocol. |

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| *(Signature)* |  | *(Name and Surname of Student)* |