Annex No 1

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| --- |
| University / Institution / Organization  Enter Here |
| Faculty, Year, Group  Enter Here |
| Name, Surname  Enter Here |
| Phone number, E-mail address  Enter Here |

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

Date

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  Enter Here | | | | |
| Study supervisor  Enter Here | | | Department in which the study will be carried out  Enter Here | |
| Study participants (patients, relatives, employees)  Enter Here | | | Study sample size  Enter here | |
| Beginning of the study: | Date | | End of the study: | Date |
| Method of data collection (please, mark): | | | 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. | |
| - Retrospective | |  |
| - Prospective | |  |
| - Combined | |  |

|  |  |  |
| --- | --- | --- |
| Enter Here |  |  |
| Name and Surname of the Student |  | Signature |