Annex No 1

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| University / Institution / OrganizationEnter Here |
| Faculty, Year, GroupEnter Here |
| Name, SurnameEnter Here |
| Phone number, E-mail addressEnter 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 studyEnter Here |
| Study supervisorEnter Here | Department in which the study will be carried outEnter Here |
| Study participants (patients, relatives, employees)Enter Here | Study sample sizeEnter 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 |[ ]   |

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