Chairman Research and Institution Review Committee The Queen's Medical Center 1301 Punchbowl Street Honolulu, Hawaii 96813

Re: Research study entitled:

Dear Chairman:

This letter is to verify that I have discussed the above research project with each applicable department (e.g. Pharmacy, Diagnostic Laboratory Services, Imaging, etc.) at The Queen's Medical Center.

______,authorized representative from ______ Department at The Queen's Medical Center, agrees that we can perform this study as outlined in the research protocol and Form 3 of the Research Application.

Signature of QMC department representative

Date

Signature of Principal Investigator

Date