

Date

XX and Family:

You are receiving this letter as you, or your child, is a patient enrolled in the study titled, “XXXXX.” **Your physician(s) responsible for this research study at Children’s Hospital of Michigan will not change.** However, are now affiliated with the Central Michigan University College of Medicine.

Responsibility for review and oversight of this research has been transferred from the Wayne State University Institutional Review Board to the Central Michigan University Institutional Review Board (CMU IRB #3 - Pediatrics).

**These changes will not affect the care you receive at Children’s Hospital of Michigan.** However, we may ask you to acknowledge this change in organization of the research by signing a new version of the informed consent document at time of next scheduled visit. Until then, please find updated contact information below should you have any questions for the principal investigator or need to contact the CMU IRB office with questions or concerns regarding your rights as a research subject.

Research team at Children’s Hospital of Michigan for questions related to the research or should you need to report a research related injury:

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| --- | --- |
| Principal Investigator: |  |
| Research Coordinator/Nurse: |  |
| Phone Number: |  |

Central Michigan University Institutional Review Board for questions regarding your rights as a research subject or to share any comments or concerns:

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| --- | --- |
| Chair: | Dr. Melissa Gregory |
| Coordinator: | Deborah Geasler |
| Email: | [RESEARCHCONCERN@cmich.edu](about:blank) |
| Phone Number: | 989-774-6401 |

Mailing Address: Central Michigan University Institutional Review Board

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