

---

## Letter of Ancillary Service Support

---

To:

Principal Investigator/Project Director Name

From:

Name, Title, and Department Representing

Date:

---

Project NameK

I have been given a description of the project and any other pertinent information (e.g. availability of compensation, etc.), and agree that our Department will provide support as requested. The type and scope of our Department's support includes:

Should circumstances change, I reserve the right to further conversation and will give adequate notice if we are no longer able to support this project.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once this form is complete please email to [researchassist@spectrumhealth.org](mailto:researchassist@spectrumhealth.org).