

Cook County Health & Hospitals System

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Cook County Health & Hospitals System



William T. Foley
Chief Executive Officer

Lynda Brodsky
Director, Research Affairs

November 3, 2009
Sybil Hosek PhD

RE: Our Study #09-149

Meeting Date: 11/3/2009

Dear Dr. Hosek:

Protocol Title:

Project power: a health promotion and HIV risk reduction intervention for black men.

This is to inform you that the above referenced Study has been presented to the Institutional Review Board was approved subject to the conditions and explanation below. **You must obtain a stamped consent form before you can begin.**

Expiration Date: 11/2/2010

Approved: Protocol, Consent, and HIPAA authorization

Please note the expiration date. **Unless you have a waiver of consent, use a current stamped consent form when enrolling subjects.** If you plan to continue any aspect of your protocol beyond this date, please submit a progress report six weeks prior to the expiration. **Submission of a progress report is your responsibility. The protocol will be suspended and ultimately closed if it is not renewed.**

Your study may be audited by Ms. Funeka Sihlali, RN, MJ our Quality Assurance Officer. These random visits are to assure compliance and address questions that may arise.

If you change your protocol in any way or if you add participant, provider or recruitment materials to the protocol, you must submit these for review and approval before initiation. Additionally, you must report any adverse events whether they are local or off site in a timely manner. **Subsequent approvals for modifications do not change your expiration date.**

Sincerely,

A handwritten signature in black ink that reads "Lynda Brodsky".

Lynda Brodsky
Director, Research Affairs