**Addressee: “Pauls Stradins Clinical University Hospital”**

**Director of Researh Institute**

**ACKNOWLEDGMENT**

I have read and understood Hospital’s internal Procedure for conducting academic research at VSIA "Pauls Stradins Clinical University Hospital” P-Zin.1.2 and I will follow it.

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 /Title of thesis/

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**It is/ is not** planned to review medical records of Hosptal’s patients.

I undertake to follow and strictly respect all rules of confidentiality and data protection of any patient data

I am familiar with business hours of all departments and unites of hospital related and/or involved in my research and application and undertake to respect them.

I undretake to review all medical records during one month I get them.

I have been warned of impossibility to get medical records repeatedly in case I will not collect them for review in one month after preparing them for me by Medical archive of hospital.

**It is/ it is** not planned to use hospital’s infrastucture in the research.

\*please enclose list of equipment, machines, etc.

Riga, \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s name/ surname