Site Agreement

(Letter of Cooperation or School Permission)

HRP-504

Date:*MM/DD/YYYY*

***Re: Letter of Cooperation For (School Name)***

Dear Dr. Kenneth Swan,

This letter confirms that that I, as an authorized representative of (School Name), allow the Principal Investigator and study staff access to conduct study related activities at the listed site, as discussed with the Principal Investigator and briefly outlined below, and which may commence when the Principal Investigator provides evidence of IRB approval for the proposed project.

* **Research Site**: School Name and Address
* **Study Purpose:** The purpose of this study is to identify trends in regard to muscle cramps in high school football players to gain a better understanding of which players are at highest risk, during which time of the game, and under which conditions. This study also aims to better describe the epidemiology of muscle cramps to gain a better understanding of the etiology, which remains unclear.
* **Study Activities**: Physicians and residents providing medical coverage for local high school football games will document information regarding muscle cramps occurring during games. Information documented will include position, height and weight (taken from online roster), time of game, and weather conditions. Physicians will collect no PHI and no questions will be asked of the study subjects. Data collection will be purely observational.
* **Subject Enrollment:** High school football players who sustain muscle cramps during games will be enrolled in the study.
* **Site(s) Support:** We are allowing team physicians, residents, and athletic trainers to complete data collection forms related to muscle cramps occurring during football games
* **Data Management:** The information collected will include position, height and weight (taken from online roster), time of game, and weather conditions. No PHI will be collected. Data will be collected and stored via RWJMS REDCap. Only members of the research team will have access to this data.
* **Anticipated End Date:** 12/31/2025

We understand that this site’s participation will only take place during the study’s active IRB approval period. All study related activities must cease if IRB approval expires or is suspended. I understand that any activities involving Personal Private Information or Protected Health Information may require compliance with HIPAA Laws and Rutgers Policy.

Our organization agrees to ensure that the following requirements are followed in the conduct of this research, when applicable: Family Education Rights Act (FERPA) and Protection of Pupil Rights Amendment (PPRA)and NJ State Statute 18A:36-34 School surveys, certain, parental consent required before administration.

Our organization agrees to the terms and conditions stated above. If we have any concerns related to this project, we will contact the Principal Investigator. For concerns regarding IRB policy or human subject welfare, we may also contact the Rutgers IRB at <https://go.rutgers.edu/ContactUs>.

Regards,

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| **Signature** | **Date Signed** |
| **Full Name** | **Job Title** |