Letterhead PMU or SABES

PLACE AND DATE

I, undersigned, …………………………………………... as Director of the …………………….………………………….. Department of …………………………………. Hospital, give my approval to the project proposal entitled ……………………………………………………………………………………………………………………………………………………., PI/co-PI Dr. ………………………………………………, submitted to the call for the ***South Tyrolean Fund for the Promotion of Scientific Research (SFPR) at the South Tyrolean Health Care Service (SABES) and the Paracelsus Medical University Salzburg (PMU).***

Signature

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