

**Confirmation of IRB Approval****Verification of IRB Title**

Principal Investigator \_\_\_\_\_ UPN \_\_\_\_\_ Date \_\_\_\_\_

Project Title \_\_\_\_\_

Agency \_\_\_\_\_

The title of the IRB approval provided is not exactly the same as the title of your proposed project. After completing this section, submit this document to the Division of Sponsored Research (DSR).

**“I, the undersigned Investigator, request that:”**

IRB Approval # \_\_\_\_\_

Entitled \_\_\_\_\_

be approved by one of the following IRBs (select one):

**Health Center****Campus****Jacksonville****WIRB**

which, other than the title, is exactly identical in every term, number, procedure, application, precaution, subject pool, potential benefit, potential risk, informed consent etc., to the project referenced above.

The undersigned Investigator promises to make no changes and/or deviations whatsoever, no matter how minor, from the existing IRB-approved protocol. Should the need for changes and/or deviations from the existing IRB-approved protocol arise, no matter how minor, the undersigned Investigator shall submit those changes for full IRB review and approval *before they are implemented*. The undersigned Investigator further agrees that if he/she at any time or for any reason changes and/or deviates from the existing IRB approved protocol without first obtaining full IRB review and approval, he/she will be subject to appropriate sanctions.

When the approval is received from the IRB office, DSR will notify the appropriate Agencies that require verification of approval. However, if the Agency requests verification of approval from you directly, please notify DSR.

**IRB OFFICES:****Health Center IRB**Peter Iafate, Pharm.D,  
Chair

Voice: (352) 273-9600

Fax: (352) 273-9614

[ufirb-1@lists.ufl.edu](mailto:ufirb-1@lists.ufl.edu)**University Campus IRB**Ira S. Fischler, PhD, Chair  
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[irb2@ufl.edu](mailto:irb2@ufl.edu)**Jacksonville HSC IRB**Alan Halperin, MD, Chair  
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Chair

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*Please contact the applicable IRB office for further instructions on any additional IRB forms needed.*

\_\_\_\_\_  
**Principal Investigator's Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**IRB Chair or Vice Chair's Signature**\_\_\_\_\_  
**Date**

PI: Forward original to appropriate IRB office. Once you receive a copy signed by the IRB chair, please forward a copy to the Office of Research/Division of Sponsored Research Campus Box 115500 Phone 392-1582.