

**Confirmation of IRB Approval
Verification of Investigator Name**

Principal Investigator		UPN		Date	
Project Title					
			Agency		
IRB Investigator Name			IRB Approval #		

The Principal Investigator name on this project is not found as an approved Co-Investigator for the IRB Investigator Name and Approval number given. After completing this section, obtain the Co-Investigator signature and submit this document to the appropriate IRB office. The IRB will review and if approved, forward the signed document to the Division of Sponsored Research (DSR).

“I, the undersigned IRB Investigator, certify that:”

Co-Investigator(s)	
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may participate as a Co-Investigator on my approved protocol. The IRB Investigator and Co-Investigator acknowledge and agree to follow the protocol applications and procedures. I acknowledge my understanding that should this protocol differ in any way, no matter how insignificant or minimal, the only procedure available for the Co-Investigator to get approval of this protocol would be a full IRB review. Should it at any time or for any reason be determined that this IRB Investigator and Co-Investigator have not followed the guidelines of the approved protocol, as has been represented, the submission of this document will constitute prima facie evidence of misrepresentation to the Review Board and to the University of Florida, subjecting the IRB Investigator and Co-Investigator to appropriate sanctions.

IRB OFFICES:			
Health Center IRB PO Box 100173 Gainesville FL 32610 (352) 846-1494	University Campus IRB PO Box 112250 Gainesville FL 32611 (352) 392-0433	Univ Med Center Jacksonville IRB 653-1 W 8 th Street Jacksonville FL 32209 (904) 244-3136	Western IRB - WIRB Health Center IRB PO Box 100173 Gainesville FL 32610 (352) 846-1494

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

“I, the IRB Investigator, having read and agreed to the terms above, request the IRB approve the Co-Investigator(s) to my protocol.”

_____	_____
IRB Investigator’s Signature	Date
_____	_____
Co-Investigator’s Signature	Date
_____	_____
Co-Investigator’s Signature	Date
_____	_____
IRB Approval	Date
Name:	
Title:	

PI: Forward original to the IRB office.

IRB office: Forward one copy to Research and Graduate Programs/Division of Sponsored Research, Campus Box 115500 Phone 392-1582