

**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 appropriate IRB office. The IRB will forward the signed 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: Health Center Campus Jacksonville WIRB (select one) 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 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 Principal Investigator, having read and agreed to the terms above, request the IRB approve adding the title of the referenced project as a subtitle to my protocol.”

Principal Investigator’s Signature

Date

IRB Chair or Vice Chair’s Signature

Date

PI: Forward original to the appropriate IRB office.

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