**Signature Page**

[No project will be reviewed without the signatures of all investigators. Each investigator must sign for himself or herself. Follow the directions on the Signature Page. The date when the page is signed must be included. If it is difficult to have all signatures on the same physical page, you may submit separate signature pages for individual researchers and compile them in your application. Signatures may be scanned versions – in other words, you must sign and then scan. You may not send a typed signature in a scripted font in place of your signature]

IRB Project Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)

I (we) certify that:

1. I (we) have read this completed proposal, and the information provided for this project is accurate.
2. No other procedures will be used in this project.
3. Any modifications in this project will be submitted for approval prior to use.
4. The IRB will be notified immediately of any harm or injury suffered by participants while participating in the study or of any potential or emergency problems posing additional risks to participants.
5. If required by the IRB, a final report will be filed with the IRB with 90 days of completion of the project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature of Primary Principal Investigator/Faculty Advisor Date

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Please print name legibly (Primary Principal Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Please print name legibly (Principal Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student (if student project) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Please print name legibly (Student Investigator)

\* Duplicate the above lines if there are more than one Principal and/or Student Investigator.

\* Scan this signed page to submit with your IRB electronic application.

Revised August 2023