

 	<h2>Transfer of IRB Obligations Form</h2>	Internal Use
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Please complete the following and return to the Copernicus Group IRB Office
Blank & incomplete answers will result in delayed reviews!

Protocol # and Title:		IRB Tracking #:
Principal Investigator:		Phone:
Address:		E-mail:
Site Contact Person: (<input type="checkbox"/> Same as above)		Phone:
Contact's Title:		Fax:
Address: (<input type="checkbox"/> Same as above)		E-mail:
Hospital/University:		
Name:		Phone:
Contact's Name & Title:		Fax:
Address: (<input type="checkbox"/> Same as above)		E-mail:

To be completed by the principal investigator or authorized designee:

- This Hospital/University maintains an Institutional Review Board (IRB) or human subjects committee. If this is the case, the second page of this form, *Hospital/University Local IRB Waiver*, must be completed and signed by the local IRB Chairperson.
- If required, I have provided specifics of the research study, such as a list of Sub-Investigators and a research protocol, to the Hospital/University.

Principal Investigator's Signature

Signature Date

Protocol # and Title:	Internal Use
Principal Investigator:	IRB Tracking #:

Hospital/University Local IRB Waiver

To be completed by the IRB Chairperson or authorized designee:

The Principal Investigator named here is authorized to conduct the above referenced investigational research study in this hospital or university facility and has provided specifics of the research study, such as a list of Sub-Investigators and a research protocol, if required. *(Please check box, sign and date.)*

- This Hospital/University maintains an Institutional Review Board (IRB) or human subjects committee and the IRB waives jurisdiction and accepts the review services of Copernicus Group IRB.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____