**Notification of IRB Approved Project from Another Institution**

Principal Investigator:

Principal Investigator Email:

Principal Investigator Associated Institution:

Title of project:

IRB Approval #:  Original Approval Date:

Anticipated Number of Clarke Subjects Participating:

Anticipated Closure Date:

Clarke Contact:

Clarke Contact Email:

Brief description of the study.

Attach or link the following documents:

IRB Approved Letter

Approved Consent Form

Other:

I certify that this project has been approved by the institution identified above and that all of Clarke University’s required policies and procedures will be followed.

Signature of Principal Investigator or Clarke Contact Date