INSTITUTIONAL REVIEW BOARD
NEW JERSEY DEPARTMENT OF HEALTH
www.nj.gov/health/irb

INSTITUTIONAL APPROVAL OF INTRAMURAL RESEARCH

Principal Investigator: ____________________________________________________________

Research Project Title: __________________________________________________________

As the Principal Investigator's supervisor I hereby certify:

(1) The Principal Investigator is qualified to design, implement, perform, record, analyze and report the findings of this research project, and s/he has the necessary resources and support personnel.

(2) I will promptly notify the Institutional Review Board if I determine: i) the research project is implemented or modified without prior IRB approval, ii) the research project is conducted in violation of IRB requirements or NJDOH policies, iii) confidentiality has been breached or iv) there has been a serious or unanticipated adverse event to a research subject.

Supervisor Name: ______________________________________________________________

Title: ________________________________________________________________________

Division: _____________________________________________________________________

Program: ______________________________________________________________________

Supervisor Signature: ___________________________ Date: _________________________

I hereby authorize the submission of this research project to the IRB.

Assistant Commissioner

Name: ________________________________________________________________________

Signature: ___________________________ Date: _________________________

Deputy Commissioner

Name: ________________________________________________________________________

Signature: ___________________________ Date: _________________________