

LIBERTY_{IRB}

An Independent Central IRB

TRANSLATION FORM

<i>Please provide information about the Investigator and the Research Site:</i>							
1.	Principal Investigator Name:						
2.	Name of Primary Research Site: Address:						
2a.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Research center phone number:</td> <td style="width: 50%; padding: 5px;">Research center fax number:</td> </tr> </table>	Research center phone number:	Research center fax number:				
Research center phone number:	Research center fax number:						
3.	Principal Investigator email address:						
4.	Study Coordinator name:						
4a.	Study Coordinator phone number:						
4b.	Study Coordinator fax number:						
4c.	Study Coordinator email address:						
5.	Indicate site preference for receiving documents: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email						
6.	Name of study:						
7.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Has this study been approved by Liberty IRB?</td> <td style="width: 10%; padding: 5px; text-align: center;">Yes</td> <td style="width: 20%; padding: 5px; text-align: center;">No</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Has this study been approved by Liberty IRB?	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>
Has this study been approved by Liberty IRB?	Yes	No					
	<input type="checkbox"/>	<input type="checkbox"/>					
7a.	Liberty IRB approval number: <input type="checkbox"/> N/A						
8.	Requested language for documents : <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other(<i>please indicate</i>) _____						

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9.	Indicate documents to be translated: <input type="checkbox"/> Informed consent <input type="checkbox"/> Advertisements/brochures (<i>please list</i>)
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Please Note:

Liberty IRB will facilitate translations into 80+ languages and dialects. Translations will be completed in three to five business days.

Informed consents must be in a language easily understood by the research participant, and all consents must be approved by Liberty IRB prior to use.

Please call Liberty IRB Customer Service (386) 740-9278 with any questions you may have.

Name of Person Completing Form (contact person for questions):	
Name:	
Date:	Signature: