



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.	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: U.S. Mail Email
6.	Name of study:
7.	Has this study been approved by Liberty IRB? Yes No
7a.	Liberty IRB approval number: N/A
8.	Requested language for documents : Spanish French Other(<i>please indicate</i>) _____



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Please Note:

9.	Indicate documents to be translated: <div style="display: flex; justify-content: space-around; margin-top: 20px;"> Informed consent Advertisements/brochures <i>(please list)</i> </div>
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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: