

SAMPLE RELEASE LETTER
PLEASE USE HOSPITAL/ UNIVERSITY LETTERHEAD

Date of Request:
Mitchell Reddish, PhD
Chairperson
Liberty IRB, Inc.
1450 S. Woodland Blvd.
Suite 300A
DeLand, FL 32720
386.279.4313

RE: Sponsor: _____
Protocol # _____

Dear Dr. Reddish:

Our hospital/ university [does/ does not] maintain an Institutional Review Board. This is to confirm that [hospital/ university name], hereby authorizes Liberty IRB, Inc. to be the reviewing IRB on the above listed protocol. This institution [does/ does not] want to be copied on study related materials.

Sincerely,

[Name]

[Title]

(Can be signed by either a Hospital Administrator, or the IRB Chairperson.)