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Institutional Jurisdiction Waiver Form

Study Title:_____

Sponsor:_____

Protocol No:_____

Principal Investigator (Please Print):_____

Institution/Hospital name:_____

Address:_____

City:_____State:_____Zip/Postal code:_____

I, the principal Investigator, certify that I have notified the institution of the activities or procedures to be conducted at the institution in conjunction with the investigational research study identified above.

Signature:_____Date_____

Acknowledgement by Institution/Hospital

The investigator named above is authorized to conduct the research identified above at this facility *(please check the appropriate box, then sign and date)*

___This Institution/Hospital maintains an institutional review board or human subjects committee (Review Board) and the Review Board waives jurisdiction and accepts the review services and oversight of Alpha IRB, Inc.

___This Institution/Hospital maintains no Review Board, waives jurisdiction, and accepts the review services of Alpha IRB, Inc.

Name and signature of the appropriate signatory of this institution/hospital such as Review Board Chairperson, CEO, Medical Director:

Name: Rachel C. Lally _____ Title Assistant Director, Regulatory & Administrative Affairs _____

Address: One Gustave L. Levy Place, Box 1081 _____
New York, NY 10029 _____

Phone #: 212-824-8225 _____ Email: rachel.lally@mssm.edu _____

Signature:_____Date:_____