TJU Institutional Review Board

Request for Acknowledgement

*All acknowledgements must have this form attached or they will be returned to the investigator.*

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| --- | --- |
| IRB Control #:  |  |
| Date of this Request:  |  |
| Principal Investigator:  |  |
| Study Title:  |  |

1. **Acknowledgement requested by:** [ ]  PI [ ]  Sponsor
2. **Check document type** (attach one copy of each):

*[ ]* Investigator Brochure Title:       New version date:       New version #:

*[ ]* Data Monitoring report Report date:

 *[ ]* Annual report Report date:

[ ] Other (list document/revision date/if applicable):

1. **If applicable, Indicate how new information will be communicated to currently enrolled participants.**