

Authorization to submit to Thomas Jefferson University IRB (TJU)

Please select One:

☐ Initial Onboarding

**When Initial Onboarding, please keep this Authorization with the NORI Feasibility Form (FAF) for referencing all Study Team Members*

☐ Late Onboarding (Modification)

LVHN-PRINCIPAL INVESTIGATOR	
STUDY TITLE	
LVHN-Jefferson IRB #, if known	
TJU-Jefferson IRB#	
SPONSOR NAME	

Disclosure of Financial Interests -

☒ LVHN will review the study team for potential **conflicts of interest**, and, if any are discovered they will be reported to TJU IRB.

- If a conflict of interest has been reported to LVHN, the investigator is **required to provide to TJU** the specific disclosure language/management plan that has been submitted to the LVHN Research Compliance Specialist.
- Please also note that the investigator is **required to notify TJU** if the LVHN management plan requires changes to language in the consent form.

Acknowledgement by LVHN

The Investigator(s) named at the beginning of this form are authorized to conduct the above referenced investigational research study at this institution and its affiliated entities under the jurisdiction of TJU.

Signature: _____ Date: _____

Name: Jacqueline Rakowski
Email address: Jacqueline.Rakowski@Jefferson.edu
Name: Karla Glagola
Email address: Karla.Glagola@Jefferson.edu

Training Certification for Study Personnel -

☒ LVHN certifies that:

- Training certification will only be accepted from sites that have an FWA registered Human Research Protection Program (HRPP).
- Researchers on this study meet the requirements for performing this study with human subjects according to that institution's requirements.
- LVHN will monitor training to ensure that investigator's training is current according to their requirements.
- The institution is responsible for promptly notifying the TJU IRB of any lapses in training for any of the investigators on this study.
- This certification must be provided for all personnel on the study performing research with human subjects

Acknowledgement by LVHN

The Investigator(s) named at the beginning of this form are authorized to conduct the above referenced investigational research study at this institution and its affiliated entities under the jurisdiction of TJU.

Signature: _____ Date: _____

Name: Jennifer Phillips

Email address: Jennifer.Phillips@Jefferson.edu

Name: Kathrine Atkinson

Email address: Kathrine.Atkinson@Jefferson.edu

Name: Karla Glagola

Email address: Karla.Glagola@Jefferson.edu

*****Please only Complete this section at the time of late onboarding (Modification). Otherwise, the NORI Feasibility Form will be used for Initial Onboarding*****

PI/Study Team Member	Role	Involved in consent
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>