

Human Subjects Committee

PI Attestation of Verified Translation

Date: Protocol File Number: Protocol Title: Language(s) of Translation:

By signing this form, I am attesting that the translated materials and services provided for the above identified protocol are complete and accurate to the best of our abilities, as verified by a fluent speaker of the language in question. This translation is relevant to the target populations for this study, and the qualifications of the individual verifying are accurately represented below.

Name of Individual Verifying Translation: Contact Information: Qualifications for Translation Services:

Signature of PI:

Name of PI: