**St. Louis Community College - HSRB**

**Acknowledgment of Informed Consent Guidance**

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| --- | --- |
| Title of Project : | Date of Submission: |

Acknowledgment

I (we) acknowledge that I (we) have received and reviewed the Informed Consent Guidance provided by STLCC.

Principal Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Principal Investigators (if any):

I (we) acknowledge that I (we) have received and reviewed the Informed Consent Guidance provided by STLCC.

Principal Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_