



University of Puerto Rico School of Dental Medicine

AUTHORIZATION FOR RESEARCH PROJECTS

| | |
|-----------------------------|--|
| Date: Month/Day/Year | Name of principal investigator (PI): (Must be a faculty member) |
|-----------------------------|--|

| | | |
|---|-------------------------|---------------------|
| Name of applicant: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____ | PI'S SIGNATURE _____ | |
| | Email: _____ | Phone number: _____ |

Project title:

Objectives

Abstract

Significance

| | |
|--|--|
| <input type="checkbox"/> new IRB application | <input type="checkbox"/> IRB renewal . IRB approval #: _____ Expiration date: / / Month/Day/Year |
|--|--|

AUTHORIZED SIGNATURES

The School of Dental Medicine approves and endorses the project and is committed to collaborating to accomplish the objectives. However, this support is subject to continuous compliance with the institution's regulations and human rights.

Privileges and access to:

students and/or their information faculty and/or their information patients and/or their information

use of facilities other (please specify):

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|---|--|--|
| <hr/> Dr. Augusto R. Elías Boneta Assistant Dean of Research | <hr/> Dr. Mitzy Perez Velazquez Associate Dean, UPR-SDM | <hr/> Dr. Ginette M. Izquierdo Rodriguez Assistant Dean for Student Affairs |
|---|--|--|

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