



University of Puerto Rico School of Dental Medicine

AUTHORIZATION FOR RESEARCH PROJECTS

|       |  |  |
|-------|--|--|
| Date: | Name of principal investigator (PI):<br>(Must be a faculty member) |  |
|-------|--|--|

|                    |                         |  |
|--------------------|-------------------------|--|
| Name of applicant: | PI'S SIGNATURE<br>_____ |  |
|--------------------|-------------------------|--|

|   |        |               |
|---|--------|---------------|
| <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____ | 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 collaborate to allow the accomplishment of the objectives. This support is subject to the continuous compliance of the institution's regulations and human rights at all times.

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):

|   |  |  |
|---|--|--|
| Augusto Elías-Boneta, DMD, MSD, DHC<br>Assistant Dean of Research | _____<br>Dr. Jocelyn Medina Paneto<br>Associate Dean | _____<br>Dr. Najima Ali Hernandez Assistant<br>Dean for Clinical Affairs |
|---|--|--|

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