**Delegation of e-Signature**

This form can be used to document the delegation of e-Signature authority for IRB applications and submissions.

Name of Person who is authorizing the delegation:

Role(s) of Person who is authorizing the delegation (check all that apply:

[ ]  Department Head (e.g., Department Chair, Dean)

[ ]  Principal Investigator

[ ]  Department Representative (e.g., Ancillary Reviewer)

[ ]  Other Signatory: specify:

Name of Person who is delegated authority to e-sign on behalf of the above person:

Title of Person who is delegated authority to e-sign on behalf of the above person:

Check at least one box below to designate authority or limitations of delegated authority below:

[ ]  No Limitations (full authority)

[ ]  Delegated authority is limited to a specific study. Specify IRB Number:

[ ]  Delegated authority is limited to specific submission types. Specify types:

 [ ]  Amendments to change study staff

[ ]  Exempt submissions

[ ]  Expedited submissions

[ ]  Full board submissions

[ ]  Administrative submissions

[ ]  Other: specify:

# Other Comments:

Date Authorized:

Expiration Date (if any:)

Signature of Person who is authorizing the delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and send to IRB@downstate.edu or FAX to (718) 613-8497