

SUNY Downstate IRB & Privacy Board

FORM 20-B1: Application for Acknowledgment

(Version 09.28.2021)

Instructions: 1) Open form in Adobe Reader. 2) Use Fill & Sign tool to complete. 3) Confirm any preformatted fields are correct. 4) Save file. 5) Submit completed form to IRB.

Note: Free Adobe Reader available at: www.adobe.com

Section 1: General Information:

A. IRBNet Number:

B. Protocol Title:

C. PI* Name and Degree

**Note: Provide "Principal Clinician" for HUD for clinical use and expanded access projects.*

E. PI Department/College

F. PI Status

When applicable, include information about a **Co-PI (optional) below:

***Note: If more than one Co-PI, attach separate sheet with the additional information*

G. If applicable, Co-PI Name and Degree:

H. If applicable, Co-PI Department/College:

I. If applicable, Co-PI Status

J. Additional contact person (Name, E-mail, phone #, and role, e.g., Research Coordinator):

Section 2: Documents Submitted

NOTE: Do not use this form to submit an amendment for a proposed change to a research study, unless the amendment was approved by a Reviewing (External) IRB for a multi-site study.

Notice(s)/letter(s) from a Reviewing (External) IRB

External Reportable Events (e.g., event occurred with participants that were enrolled at a site not within the Downstate IRB's jurisdiction). *If checked, indicate if event(s) were any of the following:*
Serious Unexpected Continuing Not serious, not unexpected, & not continuing

New Training Documents

Other (describe):

Section 3: Please provide a summary of the information submitted for acknowledgment:

Section 4: Additional information (optional):