*[Fill in all blanks and remove all italics before submitting the form to the IRB.]*

*Insert Letterhead here*

Date:

University of Missouri-Columbia

*(Campus or Health Sciences)* Institutional Review Board

*(Insert Address of IRB)*

Dear IRB Members,

After reviewing the proposed study entitled “XXX”, presented by *insert PI name here*. I have granted permission for the study to be conducted at *School or Facility name. Insert PI name here* alsohas permission to recruit at *our school or facility name*.

The purpose of the study is to determine if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The primary activity will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will occur for *(list procedures that will take place, for example, online surveys, questionnaires, focus group etc. and how long these will take*.) I expect that this project will end not later than \_\_*\_(date)*\_\_\_\_\_\_\_.

I understand that *insert PI name* will receive (*enter the type of consent here*) for all participants. Any data collected by *insert PI name here* will be kept confidential.

If the IRB has any concerns about the permission being granted by this letter, please contact me at the phone number listed below.

Sincerely,

*Insert Individual Signature*

*Insert School or Facility Name*