

## Vice President for Research

To			
To			
Study r	umber IRB-SBS#:		
Princip		_ Faculty Advisor (if applicable):	
		s research study to be conducted. However, as the research is ar, the IRB-SBS is seeking to confirm acknowledgment from your	
	Yes, I confirm acknowledgment. The study team has been in contact with my group and we are aware of the research study plan. We have no concerns at this time. (If applicable, please attach any rules or requirements for the study team to follow while interacting with this group.)		
		my group, and/or the group has reservations/concerns about the uss with the study team and the IRB-SBS prior to the study plan	
If a copy of the study protocol or a description of the study was not provided by the study team, your group may request this information. Additionally, your group is welcome to contact the study team and/or the IRB-SBS at anytime if concerns or questions regarding this research study arise in the future.			
For more information about research, please see the IRB-SBS website: <a href="https://research.virginia.edu/irb-sbs">https://research.virginia.edu/irb-sbs</a> or email us at <a href="mailto:irbsbshelp@virginia.edu">irbsbshelp@virginia.edu</a>			
Signature:			