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## WAIVER / DEFERENCE OF REVIEW FORM

**Study Title:** \_\_\_\_\_  
\_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
\_\_\_\_\_

**Protocol No.:** \_\_\_\_\_  
\_\_\_\_\_

**CRO/SMO:** \_\_\_\_\_  
\_\_\_\_\_

**Principal Investigator Name:** \_\_\_\_\_  
\_\_\_\_\_

**Institution/Hospital Name:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Designated Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
\_\_\_\_\_

The above referenced Institution/Hospital **does not** have a board, group, or committee to review this protocol and all related materials, therefore the review, monitoring, and follow-up of this protocol and all related materials, will be conducted by ASPIRE IRB.

**Principal Investigator/or Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above referenced Institution/Hospital has an IRB which hereby defers the right to review to ASPIRE IRB **and will not duplicate the review.** The review, monitoring, and follow-up of this protocol and all related materials will be conducted by ASPIRE IRB.

**IRB Chair Printed Name:** \_\_\_\_\_

**IRB Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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