ASPIRE IRB
INTEGRITY • COMMITMENT • EXCELLENCE

# 1572 EQUIVALENT

**1. NAME AND ADDRESS OF INVESTIGATOR**

**2. EDUCATION, TRAINING, AND EXPERIENCE QUALIFIES THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG / DEVICE FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS ATTACHED:**

☐ CURRICULUM VITAE ☐ OTHER STATEMENT OF QUALIFICATIONS

**3. NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL, OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED.**

**4. NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITY TO BE USED IN THE STUDY.**

**5. NAME AND ADDRESS OF THE IRB THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES).**

Aspire IRB
9320 Fuerte Drive, Suite 105
La Mesa, CA 91941

**6. NAMES OF THE SUBINVESTIGATORS (e.g., research fellows, residents, associates) WHO WILL BE ASSISTING THE INVESTIGATOR IN THE CONDUCT OF THE STUDY(IES).**

**7. NAME AND CODE NUMBER, IF ANY, OF THE PROTOCOL(S) TO BE CONDUCTED BY THE INVESTIGATOR.**

*SIGNATURE OF PRINCIPAL INVESTIGATOR* *DATE*