**Translation Attestation Form**

**Instructions:** The Principal Investigator is responsible for ensuring that IRB-approved study documents, e.g., recruitment materials and consent forms, are accurately translated into a language understandable to study participants. If any study documents will be administered in languages other than English, the Principal Investigator must:

* Submit this form after the Initial Review is completed by the IRB and include the translated version of any documents the IRB approved in English.
* Submit this form, as part of a study modification, if there is a request to add new study documents that will be translated.
* Ensure that all translated documents are approved by the IRB prior to their use in the field.

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| **A. PROTOCOL INFORMATION** | | | | | | | |
| Initial Review Modification Request (to add new documents) | | | | | | | |
| Protocol Number: | |  | | | | | |
| Protocol Title: | |  | | | | | |
| Principal Investigator or Faculty Advisor: Degree(s): | |  | | | | | |
| **B. LIST OF DOCUMENTS TO BE TRANSLATED** | | | | | | |  |
| Document Name | Name of Local Reviewing IRB/Ethics Committee | | Translated Language(s) | Person Preparing Translation(s) | | | Name of Translator |
|  |  | |  | Drexel PI  Local Investigator Certified Translator Other, Specify: | | |  |
|  |  | |  | Drexel PI  Local Investigator Certified Translator Other, Specify: | | |  |
|  |  | |  | Drexel PI  Local Investigator Certified Translator | | |  |
|  |  | Other, Specify: |
| **C. PRINCIPAL INVESTIGATOR ATTESTATION AND SIGNATURE** | | | | | | |  |
| By signing this form, I attest that I understand my responsibility as Principal Investigator to ensure that IRB- approved study documents, e.g., recruitment materials and consent forms, are accurately translated in a language understandable to study participants, and that I will submit locally-approved versions of these materials to the IRB when they become available.  Principal Investigator or Faculty Advisor’s Signature Date | | | | | | | |
| **D. TRANSLATOR SIGNATURE** | | | | | | | |
| By signing this form, I confirm that translations of the documents listed above will be accurate and complete.  (Note: If the Principal Investigator has performed the translations, please contact the IRB for further guidance. See below for IRB-specific websites)  Translator’s Signature Date | | | | | | | |

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Human Research Protection <http://www.drexel.edu/research/hrp>