

**FORM A - 1**  
**Principal Investigator's**  
**MULTI-PURPOSE SIGNATURE SHEET**

<b>IRB #</b>	<b>HSC</b>
<b>Study Title:</b>	

<b>Type of Review Requested for this item:</b>			
<input type="checkbox"/>	Expedited	<input type="checkbox"/>	Full Board

<b>REQUIRED</b> – Insert date of attached document ( <i>Date <u>must</u> match date on the attached submission form</i> )

The signature sheet indicates the **Principal Investigator's** approval of the following submission:  
*(select only one)*

<input type="checkbox"/>	<b>Modification</b> request -- IRB Amendment Form <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Continuation</b> request for a study -- Human Progress Report <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Continuation</b> request for a repository -- Repository Progress Report <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Unanticipated problem</b> report -- UPIRSO Report <i>(including Form A-1.doc all attachments)</i>
<input type="checkbox"/>	<b>Noncompliance</b> report -- Report of Noncompliance <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Inactivation</b> request -- Final Report <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Humanitarian Use Device</b> approval request – HUD Initial Request <i>(including all attachments)</i>
<input type="checkbox"/>	<b>Continuation</b> request for a HUD -- Humanitarian Device Progress Report <i>(including all attachments)</i>
<input type="checkbox"/>	Other: _____



<b>Select the type of signature provided:</b> <i>(select only one of the signature options below)</i>	<b>Method of Submission</b>
<input type="checkbox"/> <b>Option A.</b> A scanned copy of an original signature	Submit an electronic (PDF) file of the scanned image of this signed form
<input type="checkbox"/> <b>Option B*.</b> Electronic signature applied to this document	Submit this Adobe Acrobat version of this document that has been digitally signed

**Original Signature** *(for option A or B)*

PI or Co-PI  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME TYPED: \_\_\_\_\_

**Electronic signature** *(for option B) Note: Lock the document before applying the electronic signature.*

**\*Electronic signatures intended for later review by the FDA must include name, date, time, and reason.**