# ORI Logo

# Institutional Review BOard

# Translation VerIFICATION FORM

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| **TRANSLATION VERIFICATION PROCEDURES** |
| * ***Use of this template is optional.*** However, by federal regulations ([45 **CFR** 46.116](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#:~:text=The%20HHS%20regulations%20require%20that,been%20waived%20by%20an%20IRB.)), all consent documentation must address each of the required elements listed below (purpose, procedures, duration, benefits, risks, alternative procedures, confidentiality, whom to contact in case of injury, and a statement that participation is voluntary).
* Documentation is necessary to verify the accuracy of any consent form presented in a language other than English and must be completed and submitted electronically to the IRB for approval before consent is obtained.
* Witnesses should be provided with both the English and non-English versions of the consent form for review.
* Witnesses may be contacted by the IRB for verification purposes.
* Separate verification documentation must be completed for each additional language in which consent will be obtained.

 Last Edited August 13th, 2021 |

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| Today’s date:           |
| Project INformation |
| Project Title:       |
| Protocol Number:       |
| Principal Investigator:       | Phone:       | Email:       |
| College: Choose an item. | School and Program:       |
| TRANSLATION VERiFICATION |
| Name of Witness to Translation:            | Institutional Association:       |
| Phone Number:       | Email Address:             |
| Indicate the non-English language in which consent will be obtained:[ ] Spanish [ ]  Mandarin [ ]  Arabic [ ]  Hindi [ ]  German [ ]  French [ ]  Italian [ ]  Russian [ ]  Japanese [ ]  Korean [ ]  Portuguese [ ]  Other (specify):            |
|  By typing my name below, I testify that I have examined both the English version and the non-English version of the consent forms for the project indicated above and I attest to the accuracy of the translation.                 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Witness to Translation Principal Investigator**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Date** |