# 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** | | | | |