



Institutional Review Board (IRB)
840 Walnut Street
Philadelphia, PA 19107
Phone: 215-440-3155
Email: IRB@willseye.org

Form-1 Addendum: Co-Investigator Statement

This form is to be used for New Study Submissions
and Amendment Submissions.

Study Title:

Principal Investigator:

Co-Investigator Statement:

I certify that I have been given a copy of the above referenced Research Study Proposal and agree to participate as Co-Investigator.

Co-Investigator Name (Printed or Typed)

Co-Investigator Signature

Date

Instructions: Complete form and sign electronically, or print and sign. Attach a copy to your New Study Submission (Form-1 or Form-1A) for each Co-Investigator on the study, or to your Amendment Submission (Form-6 or Form-6A) for each new Co-Investigator added to the study.