

St. Louis Community College – HSRB  
Acknowledgment of Informed Consent Guidance

Title of Project: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Acknowledgment

I (we) acknowledge that I (we) have received and reviewed the Informed Consent Guidance provided by STLCC.

Principal Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_