

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street
Jackson, Mississippi 39216-4505

Institutional Review Board

Telephone (601) 984-2815

Facsimile (601) 984-2961

DHHS FWA #00003630

IORG #0000043

IRB 1 Registration #00000061

IRB 2 Registration #00005033

Acknowledgement of One-Time Emergency Use

RE: IRB File #

Dear

Please submit 1 copy of the following documents within ten (10) working days for review by the convened IRB at its next available meeting:

- A cover letter that includes a progress report;
- The original notice of emergency use;
- The research protocol and/or other documentation that supports the use;
- A copy of the signed consent document(s), with the signature of the participant or the signature and name of the participant's legally authorized representative redacted; and
- Any other pertinent information.

Sincerely,

Chairman, Institutional Review Board

cc: