

University of Pennsylvania School of Medicine
Office of Regulatory Affairs | 3624 Market Street, Suite 301 S.
Philadelphia, PA 19104-6006
Institutional Review Board

Date

To: Name
[Title] Principal Investigator

From:
IRB Chair
University of Pennsylvania School of Medicine

Re: IRB #[NUMBER]
[Type of Request] Approved by [Expedited Review]
Approval Period from [date] though [date]

Dear Name:

Placeholder for IRB approval letter. IRB review in process.

Thank you,

IRB Chair