

Drexel University College of Medicine
Office of Regulatory Research Compliance
1601 Cherry Street, 3 Parkway Bldg., Mail Stop 10-444
Philadelphia, PA 19102
IRB Approval Letter

Date

To: Name
[Title] Principal Investigator

From:
IRB Chair
Drexel University College 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