



UNIVERSIDAD DE PUERTO RICO, RECINTO DE CIENCIAS MÉDICAS  
UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS

OFICINA DEL RECTOR  
OFFICE OF THE CHANCELLOR



COMITE DE DERECHOS HUMANOS (IRB)  
INSTITUTIONAL REVIEW BOARD

**Date:** December 20, 2016

**Protocol Number:** A7080216

**Principal Investigator:** Edna Acosta Pérez

**Department / Division:** School of Public Health

**Sponsor:** CDC

**Title:** *Monitoring and Evaluation for the Zika Contraception Access Network (Z-CAN): Phase I*  
*Evaluación y monitor de la Red de Acceso a Anticonceptivos y el Zika (Z-CAN): Fase I*

Thank you for your response to requests from a prior **full board review** of your application. This is to confirm that your application is now fully approved. In compliance with federal regulations, the approval for this study is valid through: **December 20, 2016 to December 20, 2017.**

This action involves:

New

The following documents were reviewed under this submission:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Protocol                                     | <input checked="" type="checkbox"/> Human Subject Certified |
| <input checked="" type="checkbox"/> Informed Consent Document<br>Spanish Version | <input checked="" type="checkbox"/> Curriculum Vitae        |
| <input checked="" type="checkbox"/> Survey Instrument                            | <input checked="" type="checkbox"/> HIPAA Certified         |
| <input checked="" type="checkbox"/> Advertisement                                | <input checked="" type="checkbox"/> Authorization Letter    |
|  | <input checked="" type="checkbox"/> HIPAA Identifiers       |

This project includes children or adolescents IRB determined the risk/ benefit category as:

45 CFR §46.404 Research not involving greater than minimal risk.

For additional information please contact Human Research Subjects Protection Office at 787-758-2525 exts. 2510 to 2515; e-mail [opphi.rcm@upr.edu](mailto:opphi.rcm@upr.edu).

Cordially,

Luz A. Muñoz, EdD  
Chairperson IRB 3

bcg

1. Research must be conducted according to the proposal that was approved by the IRB.
2. Changes to the protocol or its related consent document must be approved by the IRB prior to implementation.
3. All serious or unexpected adverse events/drug reactions should be reported.
4. Each subject should receive a copy of the consent document, if appropriate.
5. Records must be retained for at least three years.
6. Any future correspondence should include the IRB identification number provided and the study title.

PO Box 365067, San Juan, Puerto Rico 00936-5067 Tel. / Phone (787) 758-2525, Exts. 2510 - 2515

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