**Form of Notice by CU Faculty IND/IDE Holder**

**Study Title:** Click here to enter text.

**IRB Protocol No:** Click here to enter text.

**IND/IDE Number:** Click here to enter text.

**CU Faculty IND/IDE Holder:** Click here to enter text.

**Principal Investigator (if different from IND/IDE Holder):** Click here to enter text.

The undersigned IND/IDE holder will be acting as the Sponsor-Investigator, or the Sponsor with the undersigned Principal Investigator, of the above named study. The undersigned IND/IDE holder acknowledges that as a Sponsor-Investigator or Sponsor of such study, he/she has additional responsibilities under the FDA regulations and confirms that he/she has adequate resources to fulfill such responsibilities in full compliance with such regulations.

**NOTE**: This form should be submitted to the IRB of record and the Clinical Trials Office.

**IND/IDE Holder:**

Name: Click here to enter text.

Signature: Click here to enter text.

Date:Click here to enter a date.

**Acknowledged** (if applicable):

**Principal Investigator**

Name: Click here to enter text.

Signature: Click here to enter text.

Date: Click here to enter a date.

**Approved:**

**Department Chair**

Name: Click here to enter text.

Signature: Click here to enter text.

Date: Click here to enter a date.