

SIGNATURE AUTHORIZATION OR DELETION

INSTRUCTIONS: Please print, complete and return an original signed copy of this form to:
Health Research Association, Inc.
1640 Marengo St., 7th Floor
Los Angeles, CA 90033
Attn: Accounts Payable

PROJECT TITLE: _____

IRB#:
Sponsor:
PI Name:
Sponsor#:
Start Date:
HRA Project#:

A) I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO BE DESIGNATED AS AUTHORIZED SIGNER(S) FOR THE FOLLOWING CATEGORIES:

<input type="checkbox"/> Payroll	<input type="checkbox"/> Equipment to a maximum of \$ _____
<input type="checkbox"/> All Expenses / No Restrictions	<input type="checkbox"/> Materials/Supplies to a Maximum of \$ _____

1. NAME (Print): _____	2. NAME (Print): _____
1. Signature: _____	2. Signature: _____
3. NAME (Print): _____	4. NAME (Print): _____
3. Signature: _____	4. Signature: _____

B) THE FOLLOWING INDIVIDUAL(S) ARE TO BE DELETED AS AUTHORIZED SIGNER(S) FOR THIS PROJECT: :

1. NAME: _____	2. NAME: _____
3. NAME: _____	4. NAME: _____

Principal Investigator's Signature

Date

A copy of the individual's driver's license or passport must accompany this Form to verify the signature. Please FAX the information to: 323.342.0947. If you want to mail it, our address is 1640 Marengo Street, 7th Floor, Los Angeles, CA 90033.

This Principal Investigator Signature Card shall remain in effect until revoked by the above investigator and/or his/her legal representative.