

## **Approvals and Signatures**

	PROOF OF CONCER	PT AND CLINICAL TRIALS
Approvals		

Project Leader	Project Leader Employer Approval
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:
Co-Investigator	Co-Investigator Employer Approval
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:
Co-Investigator	Co-Investigator Employer Approval
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:
Co-Investigator	Co-Investigator Employer Approval
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:
Co-Investigator	Co-Investigator Employer Approval
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date: