I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a non-member of the Peregrine Eye and Laser Institute-Institutional Review Board, understand that the documents I am given access to by Peregrine Eye and Laser Institute-Institutional Review Board are confidential. I shall use the information only for the purpose indicated in this form and shall not duplicate, give or distribute these documents to any person(s) without permission from the Peregrine Eye and Laser Institute-Institutional Review Board. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as Confidential.

|  |  |
| --- | --- |
| **Requested document:** |  |
| **Reason for request:** |  |
| **Duration of access to requested documents:** |  |

Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed name

Date: \_\_\_\_\_\_\_\_

PELI-IRB CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed name

Date: \_\_\_\_\_\_\_\_