



VERIFICATION OF CONFIDENTIAL NATURE (VCN)

The Institutional Review Board has reviewed the research project entitled:

Principal Investigator: _____

Protocol Number: _____

Date of Approval: _____

and has made the determination that disclosure and/or identification of the subject's or participant's name, address and social security number for purposes of financial reimbursement will pose an extra and unnecessary burden of risk for the subject.

The Institutional Review Board understands from the principal investigator that the financial compensation paid to the participant in this study will not exceed \$ _____ per study and \$ _____ (total) in the course of one year.*

This verification is valid for one year to the dated noted above and must be renewed annually for validity.

Chair, Institutional Review Board _____
Date

Associate Dean for Research Administration _____
Division _____
Date

*Payment in excess of stated annual amount will nullify this verification