



**Form #6 MHAS Restricted Data
Application: Certification of Human
Subjects Review**

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd. Galveston, TX 77555-0177

Restricted Data Investigator: _____

Title of Research Proposal: _____

As chairperson of the Institutional Review Board/Human Subjects Review Committee of the Institution specified below, I certify that:

Our Institutional Review Board/Human Subjects Review Committee has reviewed, according to its standards and procedures for live human subjects, and approved, the Restricted Data Protection Plan (and those portions of the Research Plan that deal with respondent anonymity and data security, if any), approved by the Mexican Health and Aging Study, of the Restricted Data Investigator above; and has approved those plans.

Signature Date

Typed name

Title

Institution

Building address

March 2015



Street address

City State Zip Code

Phone Fax

email