

TITLE

Protocol version date:

IRB#

Signatures and Approvals:

Robert Hoyer, MD UCHealth-Colorado Springs	Steven Schuster, MD UCHealth- Northern Colorado	Daniel Bowles, MD Denver VA Medical Center
Other PI		
List SITE _____		

AFFILIATE PI REQUIRED.

As Affiliate PI, I agree to the group's participation and accrual to this study. I attest that this study is feasible to carry out by the team (adequate staff, patient population, etc.), the accrual goals found in the application are attainable, and the information found in the PRMS application is accurate.

As Affiliate PI, I agree to conduct this trial according to the approved protocol.

Affiliate Principal Investigator Signature **Date**

Affiliate Principal Investigator Signature **Date**

Affiliate Principal Investigator Signature **Date**