



Institutional Review Board
HUD Physician User Attestation Form

Each physician user being added to the HUD protocol must complete this attestation form. This form can be signed in Adobe Acrobat or printed and signed. Email the signed form to the IRB office at IRB@Ascension.org.

Physician Attestations

- I agree to comply with all Ascension Wisconsin IRB policies and procedures, as well as with all applicable federal, state, and local laws regarding treatment involving a HUD, as outlined above.
- I hold the necessary clinical privileges to perform this procedure at Ascension Wisconsin locations.
- I have reviewed or completed training on the use of the device by (*select one*):
 - The HDE holder requires additional training prior to health care provider use of the device. The training requirements have been satisfied and documentation is attached.
 - The HDE holder does not require additional training. I have read and understood the Instructions for Use.

Physician Signature

Signature certifies that the information provided in this document is complete and accurate.

PI Name :

PI Signature:

Date: