

DMID Translation Equivalence Form (Appendix A)

Instructions: This form must accompany all translated protocol-related and essential documents. By signing this form, you are verifying that the translated document is equivalent to the original document. This form is used for multiple documents as long as the information in Section I is the same. A new translation equivalence form should be submitted each time the document is amended. Specific DMID guidelines on translation of documents can be found on the DMID Translation Requirements Summary.

I. Protocol/Site Information:

DMID Protocol Number:	
Protocol Title:	
Site Name:	
Site Investigator of Record (IoR) or Principal Investigator (PI):	
Translator Name and Title:	

II. Document Information:

	Document 1	Document 2	Document 3	Document 4
Document Name(s) (ex: Screening Informed Consent Form):				
Document Version Number(s) and/ or Date(s):				
Original Document Language:				
Translated Document Language(s):				
PI Signature:				Date:

Note: The box below must be completed by the person responsible for this translation.

I _____, verify that the accompanying translation(s) is(are) a true and accurate translation of the above-referenced document.		
_____ Signature	_____ Title	_____ Date