I, ______________________, custodian of the following research records for the study ______________________ IRB Number __________________, hereby certify that the electronic images on the storage device are true and authentic copies of the records for the above named study and were prepared in the usual course of business at University Hospitals, and that they were prepared by the employees of this institution on the dates endorsed herein.

____________________________________
Principal Investigator or Designee

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS ________ DAY OF ________

20____. _________________________________.
Witness

The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee ONLY. University Hospitals Cleveland Medical Center disclaims any responsibility for the unauthorized disclosure of this information to individuals or parties OTHER than the addressee.