

APPENDIX B

FOR WRAIR ACTIVE DUTY SERVICE MEMBERS: STATEMENT OF SUPERVISORS' APPROVAL

I would like to participate in the study "*Insert study title*"

- I have reviewed the schedule of events for the study and do not believe that my participation will interfere with my normal duties.
- Compensation may vary depending on whether study events are done during normal duty hours or off-duty. If scheduled visits are to be done during duty hours, my supervisor will note by initialing on the study's 'schedule of events'.
- I will review the study and schedule with my chain-of command (listed below). I understand I need their approval to participate.
- I will inform my supervisor and the study team if I am a subject in any other human research study (whether at WRAIR or at other locations).
- Copies of the form(s) will be placed in my study file.

Subject (*Print*) _____ (Sign) _____ Date _____

Supervisory Chain-of-Command:

- I understand that participation in this study will require the Service member's time and there may be side effects that might compromise their performance.
- I approve the Service member's participation in this study.

Supervisor (*Print*) _____ (Sign) _____ Date _____

Company Commander (*Print*) _____ (Sign) _____ Date _____
or Equivalent