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|   | Diagram  Description automatically generated | FORM: Translation Certification |

The undersigned certifies to Fred Hutchinson Cancer Center as follows:

1. I am duly qualified to translate from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ into English and from English into \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. [ ]  I am certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of institution/company providing certification)

[ ]  I am not certified. My qualification(s) to translate is/are: (e.g. the number of years you have provided translation services, the names of organizations you have provided translation services, educational background) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I have truly and accurately translated the attached document(s). Below, note the names of the document(s) that have been translated:

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1. I provided the forward or back (circle one) translation of the documents listed above.

5. The title of the research activity is:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The name of the Principal Investigator for the research activity is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Translator Date

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Printed Name of Translator