Rev 07/19/16 kbk

CLINICAL INVESTIGATOR ASSURANCES for NUNM's Institutional Review Board (IRB)

Study Title: _____

By initialing each statement below and signing this form, I, the Clinical Investigator, assure my understanding of and responsibility for the following: *Please initial the grey text boxes, type your name, and sign below.*

_____As a licensed clinician with clinical privileges at NUNM Clinics, I agree to assume medical responsibility for this research project.

_____I will conduct this research study as reviewed and approved by the NUNM Institutional Review Board (IRB).

_____ I will promptly notify the NUNM IRB of any proposed changes to the project protocol, consent form, recruitment materials, reception scripts, and data collection forms including questionnaires.

_____ I will not implement any changes to this research study, except where necessary to eliminate apparent immediate hazards to the subject(s), until approved by the NUNM IRB.

_____ I will promptly report changes or additions to research personnel who will be involved in subject care.

_____ I will submit current curriculum vitae for new research personnel.

_____ I will report any unanticipated problems including Adverse and Unexpected Events (AEs) to the IRB in writing within ten (10) days of occurrence.

_____ I will report these problems to the Department of Health and Human Services (DHHS) for research supported with DHHS funds.

_____ I will promptly report any significant new findings and submit statements of significant new findings provided to subjects.

_____ I assure that a signed copy of the Consent Form will be included in the medical records of the subjects where appropriate.

_____ I agree to retain research documents for three (3) years after the research study has been completed or discontinued.

_____ I agree to furnish relevant information when requested and to submit annual and final reports to the IRB.

_____ I will be responsible for the ethical conduct of this research study, and for protecting the rights, welfare, and privacy of the research subjects.

_____
Printed Name of Clinical Investigator

_____ _____
Signature of Clinical Investigator Date