

DECATUR MEMORIAL HOSPITAL
INSTITUTIONAL REVIEW BOARD

INVESTIGATOR'S ASSURANCE

I certify that the information provided in the initial submission is complete and accurate. I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human subjects, the conduct of the research, and the ethical performance of the research project. I agree to comply with all Decatur Memorial Hospital IRB policies and procedures, the Decatur Memorial Hospital Assurance, and all applicable federal, state and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- The research will be performed by qualified personnel according to the approved research protocol.
- No changes will be made in the research protocol or informed consent document until approved by the Decatur Memorial Hospital IRB (unless, in the rare circumstance, the changes are necessary to eliminate apparent immediate hazard to the subject. If that occurs, the change will be reported to the IRB at the next scheduled meeting).
- Legally effective informed consent will be obtained from human subjects, if applicable and appropriate.
- Adverse events will be reported to the Decatur Memorial Hospital IRB as required.

I certify that all key research personnel, including myself, have completed the required initial and/or continuing educational program on the responsible conduct of research.

Signature of Principal Investigator

Typed Name

Date

FACULTY SPONSOR'S ASSURANCE (If PI is a student)

Signature of Sponsor*

Typed Name

Date

*The sponsor must be an employee of Decatur Memorial Hospital. *The sponsor is considered the responsible party for the ethical performance and regulatory compliance of the research project.*