IRB Statement of Assurance

Investigator: _____ Department: _____

Co-Investigator _____ Telephone Number _____

Title of Project _____

Investigators must sign and submit electronically the following Statement of Assurance:

The proposed investigation involves the use of human subjects. I am submitting this form with a description of my project, prepared in accordance with the "Assurance of Compliance of HHS Regulations for Protection of Human Research Subjects."

I agree:

1) to obtain informed consent of subjects who are to participate in this project;

2) to report to the Institutional Research Board any unanticipated effects on subjects which become apparent during the course or as a result of experimentation and the actions taken as a result;

3) to cooperate with members of the Institutional Research Board with the continuing review of this project;

4) to obtain prior approval from the Institutional Research Board before amending or altering the scope of the project or implementing changes in the approved consent form;

5) to maintain documentation of consent forms and progress reports as required by the "Assurance" cited above.

6) to complete the required training and submit documentation of this training to the IRB chairperson. Please contact the IRB to obtain information on the required training (email: IRB@presby.edu).

Signature of Primary Investigator _____Date _____

Signature of Co-Investigator (if applicable): _____Date_____