

PART FOURTEEN: Investigator and Faculty Advisor Agreements

After printing this application, sign and date the following agreement. Student projects must include a signature by a faculty advisor.

Investigator Agreement

In submitting this proposed protocol and signing below, I certify that I will conduct the research involving human subjects as presented in the protocol and approved by the CPHS.

1. I will recruit and obtain consent for subjects as stated in the protocol and will provide a copy of the consent form to each subject. If written consent is required, all subjects will sign a copy of the consent form.
2. I will present any proposed modifications to the protocol or consent form to the IRB for review prior to implementation.
3. I will report any adverse events or unanticipated problems involving risks to subjects to the Office for Protection of Human Subjects within 24 hours.
4. I will not recruit subjects under the protocol until I have received notification of final approval.
5. I certify that all research staff listed in this application will have completed an appropriate education/training program before they engage in research activities.
6. I will complete and return all protocol forms for continuations of this protocol within the time limit stated on the Continuing Review/Final Report Form.
7. I will contact the University of Oregon Office of Research Services and Administration (ORSA) if the study involves any funding or resources from a source outside the University of Oregon regarding the need for a contract and letter of indemnification. If it is determined that either a contract or letter of indemnification is needed, subjects cannot be enrolled until these documents are completed.
8. I will notify the OPHS/IRB within 30 days of a change in Principal Investigator for the study.
9. I will notify the OPHS/IRB within 30 days of the closure of this study.
10. I will have sufficient resources (space, personnel, equipment, time) to conduct the research.

Name of Principal Investigator

Signature of Principal Investigator

Date

Faculty Advisor Agreement (if principal investigator is a student)

By my signature as advisor on this research application, I certify that the project has been reviewed and the student or guest investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol. In addition,

1. I agree to meet with the investigator on a regular basis to monitor study progress.
2. Should problems arise during the course of the study, I agree to be available, personally, to supervise the investigator in solving them.
3. I assure that the investigator will report adverse events or unanticipated problems involving risks to subjects to the Office for Protection of Human Subjects within 24 hours.
4. If I will be unavailable, as when on sabbatical leave or vacation, I will arrange for an alternate faculty sponsor to assume responsibility during my absence, and I will advise the IRB by letter of such arrangements.

Name of Faculty Advisor

Signature of Faculty Advisor

Date