Study Name: _____
IRB#: _____

CRU SEPCOM Application Signature Page

SECTION F: SIGNATURES

Study personnel assigned regulatory or SEPCOM related duties by the PI can also sign the application as Designees by uploading a signature file.

Responsibility for Scientific Conduct

As Principal Investigator or Designee, I affirm that:

• All information in this application is complete and true to the best of my knowledge.
• All key personnel (Principal Investigator, Study Coordinators, Co-Investigators, Trainees) on this protocol have completed approved training in Human Subjects Research and have proof of training record with appropriate Office of Regulatory Affairs.
• I will ensure that the protocol is conducted as approved by the SEPCOM and IRB.
• I will provide the SEPCOM Administrative Offices with the IRB-approved status reports and modifications, including updated consents (if applicable) in a timely manner.
• I will provide information requested by the CRU in a timely manner.
• I will notify the SEPCOM if the study is suspended for any reason.
• I will credit the NCATS CTSA grant 1UL1RR031975 in any publications resulting from research performed with CTSA support.

Name: _____ **Signature:** _____ **Date:** _____

Responsibility for Medical Conduct

As Principal Investigator or Physician of Record or Designee, I affirm that:

• I will supervise and accept responsibility for the medical conduct of this protocol.
• I will accept responsibility for the safety of human subjects on this protocol.
• I will ensure every subject meets eligibility criteria.
• I will report adverse events to SEPCOM and my IRB.

Name: _____ **Signature:** _____ **Date:** _____