

RHODE ISLAND DEPARTMENT OF HEALTH
INSTITUTIONAL REVIEW BOARD
ASSURANCE OF PRINCIPAL INVESTIGATOR

Principal Investigator: _____

Institutional Affiliation: _____

Project Title: _____

I CERTIFY as follows concerning the above-named research proposal in which I am the principal investigator:

- 1) The rights and welfare of the subjects will be adequately protected.
- 2) Risks or discomfort (if any) to subjects have been clearly and fully presented, and it has been shown how they are outweighed by potential benefits to the individual subject or by the importance of the knowledge to be gained.
- 3) The informed consent of subjects is an ongoing process. Consent will be obtained and documented by appropriate methods, which meet the requirements of federal regulations and the IRB.
- 4) Any proposed changes in research activity will be reported to the IRB. Those changes may not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazard to the subjects.
- 5) Any unanticipated problems involving risks to human subjects or others will promptly be reported to the IRB.
- 6) I have reviewed and agree to comply with all federal, state, and local laws, rules, regulations, policies, and procedures related to the protection of human subjects.

Signature: _____ Date: __/__/__
Principal Investigator

Acknowledged: _____ Date: __/__/__
Chair, RIDOH IRB