**Hardin-Simmons University Institutional Review Board**

**Principal Investigator Assurance Form**

Instructions: Please complete this form and email along with the Application to [IRB@hsutx.edu](mailto:IRB@hsutx.edu). This is a supplemental form; it will **not** be accepted without a completed application.

Title of Proposed Project:

Principal Investigator:

Role: HSU Faculty

Non-HSU Faculty

HSU graduate student (*Section 2 MUST be completed*)

HSU undergraduate student (*Section 2 MUST be completed*)

**Section 1- Investigator Assurance**

Please check to verify each of the following statements:

The information submitted within this application is true, complete, and accurate to the best of my knowledge.

I will obtain IRB approval prior to initiating any research activities.

I have completed the necessary training for human research subjects.

I will protect the rights, safety, and welfare of subjects involved in this research.

I will maintain copies of relevant research documents (eg. Informed consent documents)

I will promptly report adverse events, unanticipated problems or changes in the proposed study the HSU IRB, and if applicable to a faculty advisor.

If necessary to continue the study beyond the expiration date, I will submit an request for continuation.

Principal Investigator (PRINT NAME) Signature Date

Co-Principal Investigator (PRINT NAME) Signature Date

**Section 2-Faculty Advisor Assurance**

Faculty Advisor (if applicable):       Department:

Phone:       Email:

Please verify each of the following statements:

I have reviewed this proposal and assert that the procedures and protocols are consistent with sound research design and do not unnecessarily expose research participants to risk.

I verify that the student(s) has/have the necessary training, experience and knowledge to conduct the research in a manner consistent with regulations governing research with human subjects and sound research principles.

I agree to oversee and monitor the research through regular contact with the principle investigator.

I agree to notify the HSU IRB in the event of an adverse event or unanticipated problem within 5 days of the occurrence.

I agree to assist with the resolution of problems or concerns regarding this research.

I understand that as faculty advisor I am responsible for the conduct of this research.

           

Faculty Advisor (PRINT NAME) Signature Date