WRAIR Institutional Review Board (IRB)
Signature Page for NHSR Studies

Principal Investigator Agreement:

1. I agree to follow this protocol version as approved by the IRBs/ERCs/HSPB.

2. I will conduct the study in accordance with applicable IRB/ERC requirements, Federal regulations, and state and local laws to maintain the protection of the rights and welfare of study participants.

3. I certify that I, and the study staff, have received the requisite training to conduct this research protocol.

4. I will not modify the protocol without first obtaining an IRB/ERC/HSPB approved amendment and new protocol version unless it is necessary to protect the health and welfare of study participants.

5. I, or the study staff, do not have access to the code linking a participant and his/her specimen (or data) and will make no attempts to individually identify a study participant. Should I, or the study staff, gain access to the code, I will promptly notify the IRB(s)/ERC(s)/HSPB.

6. I will ensure that the data (and/or specimens) are maintained in accordance with the data (and/or specimen) disposition outlined in the protocol. Any modifications to this plan should first be reviewed and approved by the applicable IRBs/ERCs/HSPB.

7. I will promptly report changes to the research, deviations, or unanticipated problems to the WRAIR Human Subjects Protection Branch (HSPB) immediately at (301) 319-9940 (during duty hours) or to the usarmy.detrick.medcom-wrair.mbx.hspb@mail.mil and submit a written report within 10 working days of knowledge of the event.

8. I will immediately report to the WRAIR Human Subjects Protection Branch knowledge of any pending compliance inspection by any outside governmental agency.

9. I agree to maintain adequate and accurate records in accordance with HSPB/IRB policies, Federal, state and local laws and regulations.

_____ _____
Printed Name/Signature Date

_____ _____
Printed Name/Signature (for Co-PI) Date