

Student Assurance

Institutional Review Board

I certify that the information provided in the application form is complete and accurate. I understand that as a nurse anesthesia student conducting a research project, I am responsible for safeguarding the identity and data collected on behalf of all participants. I further understand that I am responsible for the conduct of my research and the ethical performance of said research.

I agree to comply with all Decatur Memorial Hospital IRB policies and procedures, the Decatur Memorial Hospital Assurance, and all applicable federal, state and local laws regarding the protection of human subjects in research.

My signature certifies that:

- The research will be performed as indicated in the IRB application;
- Any modifications to the research will be reported to the DMH IRB prior to implementation to determine the effects on the original IRB approval;
- Only the DMH IRB-approved consent form will be used if written informed consent is required;
- Any breaches of privacy or unanticipated problems will be reported to the DMH IRB.

I further certify that the proposed research has not yet been done, is not currently underway, and will not begin until IRB approval has been obtained.

Signature of Student Investigator

Printed Name

Date

PROJECT SUPERVISOR'S ASSURANCE

I am the program director/faculty advisor for the student submitting this IRB application. My signature certifies that I have reviewed their research project and believe it is a worthwhile endeavor. Furthermore, I believe that the student has the necessary training, experience and knowledge to conduct the research in a manner consistent with Good Clinical Practice. In support of the student, I agree to:

- Oversee and monitor the conduct of this research by communicating regularly with the student;
- Assist with the resolution of any problems or concerns encountered during the research;
- Provide aid in the event of a privacy breach or unanticipated problem.

Signature of Project Director/Advisor*

Typed Name

Date

*Must be an employee of Decatur Memorial Hospital.