A signed copy of this page must be included in all protocols submitted for IRB review

PRINCIPAL INVESTIGATOR ASSURANCE

NAME: **DEPARTMENT**:

PROJECT TITLE:

I, as Principal Investigator, give my assurance that I will conduct this project according to the rules and regulations governing the rights of humans participating in all projects as stipulated in Howard University's Federal Wide Assurance which is on file with the Office for Human Research Protections (OHRP) of the United States Department of Health and Human Services (DHHS) and Howard University Institutional Review Board (HUIRB) policies and procedures. Properly executed informed consent forms will be kept as part of the records of this project. The Chairman of the Howard University Institutional Review Board (IRB) will be immediately notified of any adverse reaction(s) or events that may occur and of the measures employed to correct them. The Chairman of the IRB will be apprised of any changes in this protocol and Board approval will be obtained prior to their initiation. An Annual Report will be submitted to the Chairman of the IRB which will contain the following: (1) The number of participants recruited for this project; (2) The number and location of executed informed consent forms; (3) Any adverse reactions or events that may have occurred and the measures taken to correct them; and (4) Any changes in the protocol of this project.

_____ _____

Signature of Principal Investigator **Date**