

FORM Z  
SIGNATURE ASSURANCE SHEET

Study  
Title: \_\_\_\_\_

IRB  
Protocol #: \_\_\_\_\_

**Principal Investigator's Assurance Statement:**

I understand the University of Kentucky's policies concerning research involving human subjects and I agree:

- 1. to comply with all IRB policies, decisions, conditions, and requirements;
- 2. to accept responsibility for the scientific and ethical conduct of this research study;
- 3. to obtain prior approval from the Institutional Review Board before amending or altering the research protocol or implementing changes in the approved consent/assent form;
- 4. to report to the IRB in accord with IRB/IBC policy, any adverse event(s) and/or unanticipated problem(s) involving risks to subjects;
- 5. to complete, on request by the IRB, the Continuation/Final Review Forms;
- 6. to notify the Office of Sponsored Projects Administration (OSPA) and/or the IRB (when applicable) of the development of any financial interest not already disclosed;
- 7. each individual listed as study personnel in this application has received the mandatory human research protections education (e.g., Dunn & Chadwick, CITI);
- 8. each individual listed as study personnel in this application possesses the necessary experience for conducting research activities in the role described for this research study.

Furthermore, by signing below, I also attest that I have appropriate facilities and resources for conducting the study.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If not an E-Signature (above), please print name of individual who signed: \_\_\_\_\_

**\*Department Chairperson's Assurance Statement:**

This is to certify that I have reviewed this research protocol and that I attest to the scientific validity and importance of this study; to the qualifications of the investigator(s) to conduct the project and their time available for the project; that facilities, equipment, and personnel are adequate to conduct the research; and that continued guidance will be provided as appropriate. When the principal investigator assumes a sponsor function, the investigator is knowledgeable of the additional regulatory requirements of the sponsor and can comply with them.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If not an E-Signature (above), please print name of individual who signed: \_\_\_\_\_

**\*If the Principal Investigator is also the Chairperson of the department, the Vice Chairperson or equivalent should sign the Signature Assurance Sheet.**

**\*\*Faculty Advisor's Assurance Statement:**

This is to certify that I have reviewed this research protocol and that I attest to the scientific merit of this study; to the qualifications of the investigator(s) to conduct the project; that facilities, equipment, and personnel are adequate to conduct the research; and that continued guidance will be provided as appropriate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If not an E-Signature (above), please print name of individual who signed: \_\_\_\_\_

**\*\*If the Principal Investigator is completing this project to meet the requirements of a University of Kentucky academic program, the student's faculty advisor, in addition to the Department Chairperson, should sign the Signature Assurance Sheet. The student's faculty advisor is accepting a supervisory role in guiding the student in conducting regulatory compliant research and therefore must be certified in human research protection training throughout the life of the protocol.**