

Form 2 - Application for Clinical Research Unit Services
Signature Page

Application Completed & Submitted By:

Responsibility for Scientific Conduct:

I attest the information provided in this application is current and accurate. In addition, I confirm that:

- x I will adhere to the FAU Division of Research Policies and Clinical Research Unit Standard Operating Procedures.
- x I will ensure that all personnel from my staff who utilize the Clinical Research Unit complete the required training.
- x I will ensure that the study is conducted as approved by the IRB.
- x I will provide the Clinical Research Unit with amendments, continuing approvals, and other reports and updated documents in a timely manner.
- x I will report adverse events to the Clinical Research Unit and/or the IRB within the required time frames.

Principal Investigator Name (PRINT):

Principal Investigator Signature: _____

Date: _____

Responsibility for Medical Oversight (if applicable):

As oversight physician, I confirm that: