CHAPMAN UNIVERSITY | INSTITUTIONAL REVIEW BOARD

Individual Investigator Agreement

Relying Investigator Information	
Investigator's Name:	
Investigator's Phone:	
Investigator's E-mail:	
***Name of Investigator's Home Institution** (if any otherwise "N/A"):*	
Role on Project:	
Institution Relied On	
Name of Institution:	Chapman University
Chapman FWA #:	00011020
Chapman IRB Protocol #:	
Chapman Study Title:	

This agreement outlines the responsibilities between the above-named Relying Investigator, Chapman University (CU), the responsible Institutional Review Board (IRB), and the Principal Investigator (PI) of the above-named study at CU.

1. I have reviewed the ***Belmont Report:*** ***Ethical Principles and Guidelines for the Protection of Human Subjects of Research***.
2. I understand that individuals are engaged in human research whenever: (a) an individual intervenes or interacts with human subjects for research purposes; or (b) the individual obtains identifiable private information about human subjects for research purposes.
3. I have reviewed [choose one of the following]:
   - ☐ a copy of the IRB-approved protocol
   - ☐ a Statement of Work.
4. I accept responsibility for safeguarding the rights and welfare of each research subject I interact with on this project, and I understand that the subject's rights and welfare must at all times come before the goals and requirements of the research.
5. I will comply with all applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this agreement.
6. I will abide by all determinations of the Institutional Review Board (IRB) and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.
7. I will complete Human Research Protections training to the satisfaction of Chapman's Office of Research and will provide evidence of completion as required by the IRB.
8. I will conduct the research as approved by the IRB and I will not make any changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to participants.
9. I will report immediately to the PI and IRB any unfavorable occurrence or any unanticipated problems involving risks to participants or others in research covered under this Agreement.

10. If I am responsible for enrolling subjects, I will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative following the methods described in the approved study. Upon conclusion of the study, these records will be transferred to the PI for appropriate maintenance and storage.
11. I will promptly report to the PI, IRB, or the institutional official listed below any noncompliance with the standards or requirements reference in this Agreement, whether by the Investigator, any co-investigators, research staff, or others, regardless of fault or intent. I will abide by all determinations of the IRB and provide all information requested by the IRB or the PI in a timely manner.
12. I will not enroll subjects in research under this Agreement prior to its review and approval by the IRB.
13. I will provide the names of any individuals engaged in the research who are working under my direction to the PI and the IRB.
14. As applicable to biomedical studies, emergency medical care may be delivered without IRB review and approval to the extent permitted under applicable federal regulations and state law.
15. I will disclose any significant financial interests as required by CU prior to initiating the research covered under this Agreement.
16. This Agreement does not preclude me from taking part in research not covered by this Agreement.

Relying Investigator Signature:

Date: _____

Degree(s): _____

Street Address: _____

City: _____ State/Province (if applicable): _____

Zip code/Postal code: _____ Country: _____ Phone: _____

Chapman Principal Investigator

I agree to oversee the Relying Investigator's work under the IRB Protocol listed above.

_____ _____
Signature Date

Name:

Title:

Chapman University Official

_____ _____
Signature: Date

Name: Martina Nieswandt
Title: Vice President for Research

Note: Complete all fields (including IRB protocol # and study title) in this this form. Once signed by both the Relying Investigator and PI, upload the form into Cayuse-IRB. The IRB office will obtain the signature of the Chapman University Official.