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| **Institutional Review Board Office**  Phone: 410-955-3193  Toll Free: 1-888-262-3242  Email: [bsph.irboffice@jhu.edu](mailto:bsph.irboffice@jhu.edu)  Website: [www.bsph.edu/irb](https://publichealth.jhu.edu/) |  | |  | | |
| Johns Hopkins School of Public Health  Institutional Review Board  **Investigator/Study Staff Agreement**  *Complete this form, or copy and paste language into an email*  *and send from investigator/study staff’s email address.* | | | |
| IRB Number: | |  | | | |
| Study Title: | |  | | | |
| Principal Investigator: | |  | |  | |

I agree to assume the responsibility as      \_\_\_\_\_ *(insert role: “Principal Investigator”, “co-investigator”; “student investigator” whose work on the project is associated with an academic degree objective; or “study staff”, meaning personnel who will interface with participants and/or their identifiable private information, such as research coordinator(s), interviewer (s), or data manager(s))* for the study listed above. I understand that this responsibility includes all of the following commitments:

1. I will protect the rights and welfare of all study participants.
2. I will follow the IRB approved research plan.
3. I will not institute any changes for which IRB review is required, to the research plan or any other study documentation without prior IRB approval.
4. I will comply with JHSPH IRB policies, and with the federal, state, international, or local laws applicable to the site of the research.

I do do not (check one) have a financial conflict of interest with this study. If you check “do”, please disclose your conflict to the Principal Investigator on the project, who should report it and discuss further necessary actions with the IRB.

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Print Name

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Signature Date