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| Name:      First Name, Middle Initial, Last Name, Degree(s) | Partners user name:       |
|  |
| Institution:  | **[ ]**  BWH | **[ ]**  MGH |  |  |
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| Dept/Service:       | Division/Unit:       |
|  |

**PROTOCOL TITLE**

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**FINANCIAL DISCLOSURE AND CONFLICT OF INTEREST**

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| Principal investigators must complete the Investigator Financial Disclosure Form and submit it to the Partners Human Research Office. |

The Investigator Financial Disclosure Form is available on the [PHRC website](http://healthcare.partners.org/phsirb/Submission_Instructions/Investigator_Financial_Disclosure.08.12.doc).

**CERTIFICATIONS**

As Principal Investigator on this protocol, I certify the following:

**[ ]**  I have read and am familiar with the Hospital Assurance governing this research.

<http://healthcare.partners.org/phsirb/assure.htm>

**[ ]**  I have completed Partners human-subject protection education requirements.

<http://healthcare.partners.org/phsirb/aboutciti.htm>

**[ ]**  I have completed the applicable institutional credentialing processes, if any, required to conduct this research.

**[ ]**  I understand the Harvard Faculty of Medicine and Partners conflict of interest rules that apply to individuals participating in clinical research and will at all times, during the course of this Research, be in compliance with those rules.

<http://hms.harvard.edu/about-hms/integrity-academic-medicine/hms-policy>

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| If you have questions or concerns about potential conflicts of interest, contact the Partners Human Research Office at 617-424-4100. |
| I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with all applicable federal regulations and state laws, institutional policies and procedures, and the requirements and determinations of the Responsible IRB relied upon by the Partners Human Research Committee with respect to this research. |
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| **PRINCIPAL INVESTIGATOR** | **Date** |

**DEPARTMENT CHAIR SIGN-OFF**

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| As Department Chair for the Site-Responsible Principal Investigator of this research. I have reviewed the research proposed and certify the following:* The Principal Investigator is qualified by training and experience to personally conduct and/or supervise the research described in the protocol.
* The Principal Investigator has completed all institutional credentialing requirements, if any, to conduct the research.
* The Principal Investigator has sufficient resources/facilities to carry out the research.

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to assure compliance with all applicable federal regulations and state laws, institutional policies and procedures, and the requirements and determinations of the Responsible IRB relied upon by the Partner Human Research Committee with respect to this research. |
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| **DEPARTMENT CHAIR**      Print/type name and department, then sign and date above | **Date** |