

RESEARCH CENTRE

INVESTIGATOR ASSURANCE FORM

Proposal Title: _____

The Investigator named below affirms that he/she:

- 1 Will abide by the rules and regulations of the RC including the KFSH&RC Intellectual Property Policy, and the Good Clinical Practice.
- 2 Will submit progress and final reports and correspond with the IRB in a timely manner.
- 3 Will accept responsibility to maintain original data and consent forms and submit them for review if requested, as outlined in KFSH&RC Policy on Research Records Retention and Access.
- 4 Will use scientific rigor and integrity in obtaining, recording, and analyzing data; and in reporting and publishing results.
- 5 Will ensure that authorship of any resulting published work is in line with the ICMJE guidelines (icmje.org).
- 6 Will reveal material conflict of interest, financial or other, that might influence their research objectivity in reality, or in the reasonable perception of others
- 7 Will adhere to the approved proposal.
- 8 Will check review, and approve all the scientific, medical, legal, and ethical aspects in the clinical trial agreement (CTA) and thus accepts responsibility of all its context. (If Any).

Name	ID	Signature	Date
Principal Investigator			