**Investigator Agreement**

**Part 1 – This portion must be completed & submitted for EACH External researcher:**

**Title of Study:**

**BY SUBMITTING THIS DOCUMENT, THE INVESTIGATOR AGREES:**

1. No participants will be recruited or entered under the above protocol number until the Principal Investigator receives written notification of IRB protocol approval.

2. Any modifications of the protocol or consent form must be approved by the IRB

 Chair or the IRB Chair’s designee.

3. All protocol continuation requests will be completed and submitted no later than thirty

 (30) days **before** the expiration of the protocol.

4. All participants will be recruited and consented as stated in the IRB protocol. If written

 consent is required, all participants must sign a copy of the consent form that has an

 unexpired IRB approval stamp.

5. The IRB office will be notified within thirty (30) days of the closure of a study

6. The IRB office will be notified within thirty (30) days of a change in Principal

 Investigator or change in Principal Investigator affiliation with Radford University.

7. All individuals associated with this research will complete, or have completed, the IRB

 Human Subjects Training before the start of any research.

Date:

Name of Investigator:

[ ]  I certify that the information entered above is correct. I understand that submission of false or incorrect data can result in suspension of my research at Radford University. Final submission of this form into the IRB online application system within my account constitutes my signature for this form.

Initials of Investigator:

 Radford University ID#:

**Part 2 – PI (cannot be a Student Researcher) must co-sign each form for all external researchers:**

**By submitting this document, the faculty advisor/ department chair agrees:**

1. To assume overall responsibility for the conduct of this investigator

2. To work with the investigator and the IRB, as needed, to maintain compliance with this agreement.

3. That the Principal Investigator is qualified for this study.

Date:

Name of Primary Investigator:

[ ]  I certify that the information entered above is correct. I understand that submission of false or incorrect data can result in suspension of my research at Radford University.

Final submission of this form into the IRB online application system within my account constitutes my signature for this form.

Initials of Primary Investigator:

 Radford University ID#: