MISERICORDIA UNIVERSITY
RESEARCHER ASSURANCE STATEMENT

I understand Misericordia University’s IRB policies and procedures concerning research involving human subjects and I agree to:
1. accept responsibility for the ethical conduct of this research;
2. obtain approval from Misericordia University’s IRB prior to instituting any changes in this project;
3. report to Misericordia University’s IRB serious adverse reactions or unexpected effects on subjects;
4. complete all required reports in a timely manner; and
5. disclose any financial or personal conflict of interest.

a. 
  Researcher’s printed name  Department/Program
  Researcher’s signature  Date

b. 
  Researcher’s printed name  Department/Program
  Researcher’s signature  Date

c. 
  Researcher’s printed name  Department/Program
  Researcher’s signature  Date

d. 
  Researcher’s printed name  Department/Program
  Researcher’s signature  Date

e. 
  Researcher’s printed name  Department/Program
  Researcher’s signature  Date

For student research
I have approved the procedures of the research project described in the attached application. I agree to assist the student with application of the policies and procedures involving human subjects’ protection.

  Faculty research advisor printed name  Department/Program
  Faculty research advisor signature  Date
Conflict of Interest Questions (each researcher must initial each statement):

1. Are you aware of any relationships between yourself and/or a member of your family that might affect the outcome of this study?

   YES

   If YES, please describe

2. Do you or a member of your family have any financial interests in the outcome of this study?

   YES

   If YES, please describe