 

# Local Committee Declaration and Signatory Page

HSE Reference Research Ethics Committee for: Midlands Area and Corporate Divisions

Title of Study:

**Declaration of the Chief Investigator**

* I certify the information in this form is accurate to the best of my knowledge and belief and I understand my ethical and legal responsibilities as Chief Investigator of this study.
* I confirm that all named co-investigators and collaborators have received the final version of the study protocol and of this application form and are in agreement with their role.
* I confirm that the protocol and research will comply with all relevant Irish legislative requirements and will abide by the ethical principles outlined in the Declaration of Helsinki
* If the study receives a favourable opinion, I agree to seek prior approval in writing from the relevant HSE Reference Research Ethics Committee of any proposed changes/amendments to this protocol.
* If the study receives a favourable opinion, I agree to supply Annual Progress Reports, a Final report, and Safety Reporting (report serious adverse reactions related to study drug/ intervention/ procedures) to the HSE Reference REC that provided a favourable opinion for the research study

Name of Chief Investigator:

Signature of Chief Investigator:

Date:

The Chief Investigator who signs the Ethics Committee Application takes responsibility both for the standard and quality of this application and for the conduct of the research in accordance with the protocol and ethics committee application.

**Proof of Support of Co-Investigators**

Co-Investigators must not be listed as co-investigators on the ethics application form without their knowledge and permission. All co-Investigators must have the opportunity to proofread a document which is being submitted with their name on it.

Name of Co-Investigator:

Signature of Co-Investigator:

Date of Signature:

Name of Co-Investigator:

Signature of Co-Investigator:

Date of Signature:

Name of Co-Investigator:

Signature of Co-Investigator:

Date of Signature:

Name of Co-Investigator:

Signature of Co-Investigator:

Date of Signature:

**Signature of Academic Supervisor**

Name of Academic Supervisor:

Signature of Academic Supervisor:

Date:

The Academic Supervisor who signs the Ethics Committee Application is stating that he/she/they has read this application form and confirms that this application is of a high standard and of educational value.