To participate in a Division of Microbiology and Infectious Diseases (DMID) Non-IND study; an investigator must complete this agreement and submit it to the Clinical Trials Management Contractor at Technical Resources International, Inc. (TRI) as part of a complete Protocol Registration Package including required Essential Documents.

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| Study name and protocol number:  **1.** |
| Name and address of Investigator of Record (IoR):  **2.** |
| Education, training, and experience that qualifies the investigator to conduct this study. Please indicate which of the following is attached.  **3.**  Curriculum Vitae  Other Statement of Qualifications |
| Name and address of all facilities where the study will be conducted:  **4.** |
| Name and address of any clinical laboratories to be used in the study (Mark *none* if no lab will be utilized for this study.):  None  **5.** |
| Name(s) and address(es) of the institutional review board(s) or ethics committee(s) responsible for review of this study:  **6.** |
| Name(s) of sub-investigator(s) who will assist the IoR in the conduct of this study (Mark *none* if no sub-investigators will be involved in this study:  None  **7.** |
| Commitments:  **8.**  I agree to conduct the study in accordance with the relevant, current protocol(s) and will not make changes in the protocol without permission of the DMID, except when necessary to protect the safety, rights, or welfare of study participants.  I agree to personally conduct or supervise this study.  I will ensure that the requirements relating to obtaining informed consent and IRB or Ethics Committee (EC) review and approval (*insert relevant terms of assurance here, e.g. 45 CFR 46, ICH/GCP, etc.*) are met.  I agree to report adverse experiences that occur during the course of this study in accordance with the protocol.  I agree to maintain adequate and accurate study records and to make those records available for inspection by DMID and/or DMIDs’ authorized representatives.  I will ensure that an IRB or EC that complies with the requirements of 45 CFR Part 46 will complete initial and continuing review and approval of the study. I also agree to promptly report to the IRB/EC all changes in the study and all unanticipated problems involving risks to human subjects or others.  I agree to ensure that all staff members involved in the conduct of this study are informed about their obligations in meeting the above commitments. |
| Investigator of Record signature and date:  Date: |