CERTIFICATION OF THE PRINCIPAL INVESTIGATOR FORM

I, ________________________________________, certify that I am the Principal Investigator of this proposed protocol and that the statements made in the application are accurate and complete to the best of my knowledge.

I agree to conduct myself and ensure other members of my organization conduct themselves with the highest ethical standards and professionalism.

I understand the GRIC RRC has the ultimate authority to approve, approve with conditions or requirements, suspend or terminate the protocol at anytime, especially if the protocol is not being conducted in accordance with the GRIC RRC decisions, conditions, and requirements, or has been associated with unexpected harm to the subjects. Suspension or termination may occur at any time during which the original approval is valid.

I understand the GRIC RRC process and will not circumvent the GRIC RRC review process. At no time will I nor any of my associates nor my organization approach Community members, Community Council representatives, or use the political or Community processes of the Community, including Departments, Executive, non-governmental bodies of Community, or Community groups to attempt to gain support for research protocols that are considered or going to be considered by the GRIC RRC.

If the protocol involves biological samples, I acknowledge the receipt of the Community’s terms regarding biological samples.

I understand that if the proposed protocol is approved that I must execute a Memorandum of Agreement (“MOA”) detailing and defining the terms of approval with the Community, the MOA must be signed by the Community, and I must receive in writing a notice of engagement from the GRIC RRC before any research may begin.

I have read the foregoing GRIC RRC Certification of the Principal Investigator Form, understand its content, agree with its terms, and I voluntarily sign this form and agreement of my own free will and without any coercion or duress.

__________________________________________
PRINT NAME

__________________________________________
SIGNATURE

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DATE