local committee declaration and signatory page:

Name of Committee: Beaumont Hospital Ethics (Medical Research) Committee

Title of Study:

declaration of Principal 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 Principal 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 and Good Clinical Practice.
* If the study receives a *favourable opinion* I agree to supply Annual Progress Reports, a Final report, and to seek prior approval from the Ethics Committee of any proposed changes/amendments to this protocol.
* All relevant information about serious adverse reactions and new events likely to affect the safety of the subjects will be reported to the Ethics (Medical Research) Committee in writing.

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Principal 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.

**Substandard application forms and substandard accompanying documentation will not be accepted for review by the committee**

Name of Committee: Beaumont Hospital Ethics (Medical Research) Committee

Title of Study:

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 has read this application form and confirms that this application is of a high standard and of educational value.

Name of Committee: Beaumont Hospital Ethics (Medical Research) Committee

Title of Study:

PROOF OF SUPPORT OF CO-INVESTIGATORS:

Co-Investigators must not be listed as co-investigators on ethics application forms without informing the co-investigator and giving the co-investigator the opportunity to proofread a document which is being submitted with their name on it.

Unlike Principal Investigators and Signatures of Academic Supervisors whose original signature is required, the committee will accept original, photocopied, faxed, scanned or electronic signatures of co-investigators. Alternatively, letters or e-mails from co-investigators are acceptable in lieu of signature.

Name of Lead Co-Investigator (at Beaumont Hospital site): ---------------------------------

*(Multi-site studies only)*

Signature of Lead 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: ---------------------------------------

Name of Co-Investigator: ---------------------------------

Signature of Co-Investigator: -----------------------------------

Date of Signature: ---------------------------------------