A signed copy of this page must be included in all protocols submitted for IRB review

PRINCIPAL INVESTIGATOR ASSURANCE

NAME:	DEPARTMENT:	
PROJECT TITLE:		
project according to the participating in all prowide Assurance which Protections (OHRP) of Services (DHHS) and (HUIRB) policies and forms will be kept as participating the provided of any adversal measures employed to apprised of any change prior to their initiation. of the IRB which will be recruited for this project consent forms; (3) Any	e rules and regulations governing ojects as stipulated in Howard of the United States Department of Howard University Instituted Howard University Instituted Procedures. Properly executant of the records of this project of stitutional Review Board (IRB) are reaction(s) or events that it is correct them. The Chairman of this protocol and Board appears in this protocol and Board appears in this protocol and Board appears in the following: (1) The cet; (2) The number and location of the correct them; and (4) Any of the correct them; and (5) Any of the correct them; and (6) Any of the correc	ng the rights of humans d University's Federal for Human Research of Health and Human tional Review Board ated informed consent to the Chairman of the so will be immediately may occur and of the proval will be obtained mitted to the Chairman number of participants a of executed informed that may have occurred
Signature of Principal Inv		Date