**Individual Investigator Agreement**

**Name of Institution with the Federal-Wide Assurance (FWA):** SUNY Oswego

**Applicable FWA #:** 00001143

**Individual Investigator’s Name and Title:**

**Title of Project:**

1. The above-named Individual Investigator has reviewed:
   1. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*;
   2. the U.S. Department of Health and Human Services (HHS) regulations for theprotection of human subjects at 45 CFR part 46, and;
   3. the relevant institutional policies and procedures for the protection of human subjects.
2. The Investigator understands and hereby accepts the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this agreement.
3. The Investigator will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this agreement.
4. The Investigator will abide by all determinations of the Human Subjects Committee (HSC) designated under the above FWA and will accept the final authority and decisions of the HSC, including but not limited to directives to terminate participation in designated research activities.
5. The Investigator will have completed all CITI training related to their proposal.
6. The Investigator will report promptly to the HSC any proposed changes in the research conducted under this agreement. The investigator will not initiate changes in the research without prior HSC review and approval, except where necessary to eliminate apparent immediate hazards to subjects.
7. The Investigator will report immediately to the HSC any unanticipated problems involving risks to subjects or others in research covered under this agreement.
8. The Investigator, when responsible for enrolling subjects, will obtain, document, and maintain records of informed consent for each such subject or each subject’s legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected) and stipulated by the HSC.
9. The Investigator acknowledges and agrees to cooperate in the HSC’s responsibility for initial and continuing review, record keeping, reporting, and certification for the research project referenced above. The Investigator will provide all information requested by the HSC in a timely fashion.
10. The Investigator will not enroll subjects in research under this agreement prior to its review and approval by the HSC.
11. Emergency medical care may be delivered without HSC review and approval to the extent permitted under applicable federal regulations and state law.
12. This agreement does not preclude the Investigator from taking part in research not covered by this agreement.
13. The Investigator acknowledges that they are primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject’s rights and welfare must take precedence over the goals and requirements of the research.

**Individual Investigator’s Signature Date (YYYY-MM-DD)**

     

**SUNY Oswego Principal Investigator (PI) Signature Date (YYYY-MM-DD)**

     

**SUNY Oswego Institutional Official or Designee Signature Date (YYYY-MM-DD)**