



**Northeastern University  
Institutional Review Board**

**ASSURANCE OF PRINCIPAL INVESTIGATOR**

Investigator(s): \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

**To give assurance, please read and initial each statement, then sign below.**

- \_\_\_\_\_ 1. I have read and understand Northeastern University's Policies and Procedures Concerning the Protection of Human Subjects and the Federal Wide Assurance. I give my assurance that I, and all members of the research team, will adhere to the policies in this research.
- \_\_\_\_\_ 2. I assure that no participants will be recruited or enrolled, and no data will be collected, without current, written approval from Northeastern University, and other sites as required.
- \_\_\_\_\_ 3. I assure that the rights and welfare of all participants will be protected according to the procedures approved for this project by the NU IRB.
- \_\_\_\_\_ 4. I assure that all risks or discomforts to subjects will be clearly explained, and that I will demonstrate how risks are outweighed by potential benefits to the subject or by the importance of the knowledge to be gained.
- \_\_\_\_\_ 5. I assure that the informed consent of all participants will be obtained by methods that meet the requirements of Northeastern University's policy and assurance procedures.
- \_\_\_\_\_ 6. I assure that no changes in research activity will be initiated without prior NU IRB review and approval, except where necessary to eliminate apparent immediate hazard to the subjects.
- \_\_\_\_\_ 7. I assure that I will report any problems involving risks to human subjects or others **promptly** to the Office of Human Subject Research Protection.
- \_\_\_\_\_ 8. I assure that there are no financial or other relationships (e.g., stock ownership, advisory board, speaker's bureaus, honoraria) that might be viewed as creating a conflict of interest.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Principal Investigator / Faculty Advisor**

For student research, the faculty advisor is the principal investigator for the study and is primarily responsible for the ethical conduct of the research. Faculty must review and approve student research prior to submission for NU IRB review. Student investigators must sign this Assurance also.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Investigator**

**DEPARTMENT CHAIR/PROGRAM DIRECTOR SIGNATURE *(Required)***

**I am aware that this protocol is being submitted to the Northeastern University IRB. I do not make any assertions about human subject protections for this research project.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Department Chair or Program Director**

*Please return completed form to Nan C. Regina, Director, Human Subject Research Protection with the exception of forms from faculty and students of the College of Professional Studies, which should be submitted to Kate Skophammer, IRB Coordinator for CPS.*

Nan C. Regina, Director  
Northeastern Univ., Human Subject Research Protection  
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Boston, MA 02115-5000  
Tel: 617.373.4588; Fax: 617.373.4595;  
[n.regina@northeastern.edu](mailto:n.regina@northeastern.edu)

**CPS forms only**  
Kate Skophammer, IRB Coordinator  
Northeastern University, College of Professional Studies  
Tel: 617.390.3450; [k.skophammer@northeastern.edu](mailto:k.skophammer@northeastern.edu)