

Declaration By Co- And Sub-Investigator

Name:

Title of the study:

Protocol number:

Principal Investigator's Name:

Site:

Designation:

I, the undersigned, declare that:

1. I am familiar with the International Conference on Harmonization-Good Clinical Practice (ICH-GCP) and understand the responsibilities and obligations of the Investigator within the context of this study.
2. I will carry out my role in the trial as specified in the protocol and in accordance with Good Clinical Practice (ICH - GCP).
3. I will not commence with my role in the trial before written authorizations from National Ethics Committee and TFDA have been obtained.
4. If applicable to my role in the trial, I will ensure that informed consent has been obtained from all participants or if they are not legally competent, from their legal representatives.
5. I will ensure that every participant (or other involved persons, such as relatives) shall at all times be treated in a dignified manner and with respect.
6. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial. [*Conflict of interest exists when an investigator (or the investigator's institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions*).
7. I have not previously been involved in a trial which has been closed due to failure to comply with Good Clinical Practice.
8. I will submit all required reports within the stipulated time-frames.

Signature:

Date:

Witness:

Date: