

**Tarrant County College District  
Institutional Review Board  
Principal Investigator Assurance for Exempt Research**

**IRB #:**

**Principal Investigator:**

**Campus:**

**Department:**

**Study Title:**

**Research Sponsor:**

I understand that approval of this human subject research is contingent upon my agreement to do the following:

1. Report any unanticipated, adverse research events to the IRB within the specified timeframe. Serious unanticipated events such as death or serious injury of a research participant are to be reported to the IRB within 24 hours of becoming aware of the event. Non-serious unanticipated events are to be reported within two weeks of the Principal Investigator's awareness of the non-serious, unanticipated event.
2. Submit research modifications in writing for prior IRB approval.
3. If requested, submit timely continuing review reports.
4. Maintain copies of pertinent research documents, i.e., signed informed consent forms.
5. Complete and submit the Research Completion form when the project is finished.
6. Maintain data according to the IRB-approved research proposal.
7. Arrange for a co-Principal Investigator in the event I will be out of the office for vacation or illness.
8. Ensure that all study personnel have completed the mandatory research compliance training.

I certify that I will carry out the proposed research in compliance with the aforementioned principles.

**Principal Investigator Signature:**

**Principal Investigator Name:**

**Date:**

Email forms and supporting documentation to: [irb.irpe2@tccd.edu](mailto:irb.irpe2@tccd.edu).