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| **II. Declaration of the Principal Investigator (Additional Page)** | | | | |
| ***Note:*** *– For multi-centre studies under the oversight of PIEC, the Coordinating PI and each Site PI must sign this page. Multiple copies of this page may be submitted as necessary.* | | | | |
| Protocol Title: Text Field  The information provided in this form is correct.   1. I will not initiate this study until I receive written approval from the PIEC and regulatory authority (if applicable). 2. I will not initiate any change in the study protocol without prior written approval from the PIEC except when it is necessary to reduce or eliminate immediate risk to the study participant. Thereafter, I will submit the proposed amendment to the PIEC and other relevant authority for approval. 3. I will promptly report any unanticipated problems involving risks to study participants or others (UPIRTSO) that may occur in the course of this study. 4. I will maintain all relevant documents and recognize that the PIEC staff and regulatory authorities may inspect these records. 5. I understand that failure to comply with all applicable regulations, institutional and PIEC policies and requirements may result in the suspension or termination of this study. 6. I declare that there are no existing and potential conflict of interest for any of the research personnel participating in this research study. **(*Important: All investigators and research staff involved in this research are required to complete Annex B – Conflict of Interest Declaration Form)*** 7. I declare that I have not been involved in any study that is suspended / terminated by an IRB or regulatory authority due to misconduct / non-compliance. 8. If the proposed research is regulated under the Human Biomedical Research Act, I understand that I am responsible to ensure that necessary contractual or other arrangements has been made with a research institution for the proposed research to be conducted under the supervision and control of the research institution.   **Remarks (if any):**  Text Field | | | | |
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| *Principal Investigator’s Signature*  *\*PI must be based in Singapore.* | | *Date* | |
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| *Full Name:* | Text Field | *Designation:* | Text Field |
| *Site Name:* | Text Field | *Email address:* | Text Field |
| *Telephone:* | Text Field | *Fax:* | Text Field |
| *\*Site Address:* | Text Field | | |
| *\*Clinics/Research Centers of different branches are considered different sites. Each site must have a Site-PI.* | | | |

**~ End of Application Form ~**