local committee declaration and signatory page:

Name of Committee: Sligo University Hospital Research Ethics Committee

Title of Study:

declaration of principal investigator:

* I certify the information in this form is accurate to the best of my knowledge and belief and I understand my ethical and legal responsibilities as Principal Investigator of this study.
* I confirm that all named co-investigators and collaborators have received the final version of the study protocol and of this application form and are in agreement with their role.
* I confirm that the protocol and research will comply with all relevant Irish legislative requirements and will abide by the ethical principles outlined in the Declaration of Helsinki and Good Clinical Practice.
* If the study receives a *favourable opinion* I agree to supply Annual Progress Reports, a Final report, and to seek prior approval in writing from the Ethics Committee of any proposed changes/amendments to this protocol.
* All relevant information about serious adverse and new events likely to affect the safety of the subjects will be reported to the Ethics (Medical Research) Committee in writing.

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Academic Supervisor, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Academic Supervisor, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Proposal Form Submitted: / /

The Principal Investigator who signs the Ethics Committee Application takes responsibility both for the standard and quality of this application and for the conduct of the research in accordance with the protocol and ethics committee application.

**Substandard application forms and substandard accompanying documentation will not be accepted for review by the committee**