

PROPOSAL FOR RESEARCH INVOLVING HUMAN SUBJECTS

Principal Investigator	·:					
BH Employee	BH/NEMG Physicia	an 🗌 BH Reside	nt/Fellow	Other		
Work Phone:		Cell:	Fa	x:		
Email:						
Business Address:						
Supervising Investigator: (Required for students, residents, fellows or other trainees)						
Supervising Investigate	or Department:	Wo	rk Phone:			
Associate Investigato	ors:					
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STUDY SUBJECTS (check all that apply):

Enrollment goal: su		ubjects at Bridgeport Hospital,		total subjects.			
Enrollment will inc	lude (check all that a	oply):					
E Fetuses	Children	Emancipated n	ninors	Non-English Speaking			
Women of chil	dbearing potential	ychosis or altered mental state					
Will study involve advertisement for subject recruitment? Yes No (if yes, attach copy of advertisement) Will Enrolled subjects receive compensation? Yes No Amount							
None] Local funds	Yale Funds	Other				
Principal Investigator (PI) Agreement: As the PI of this research project, I certify that the information is complete and accurate. I will assume full responsibility for the protection of human subjects and the proper conduct of the research, making every effort to protect subject's rights and welfare. I agree to conduct this research according to ethical principles and in compliance with all federal, state and local laws, as well as institutional regulations regarding the protection of human subjects.							

Signature of the PI

Date

Supervising Investigator Agreement (If applicable):

As the Supervising Investigator of this research project, I certify that the information provided in this application is complete and accurate; that this project has scientific value and merit and that the student or resident/fellow has the necessary resources to complete the project and achieve the aims. I will train the student investigator in matters of appropriate research compliance, protection of human subjects and proper conduct of research. The research will be performed according to ethical principles and in compliance with all federal, state and local laws, as well as institutional regulations regarding the protection of human subjects.

Signature of the Supervising Investigator

Date

Approval by Chair(s) of Involved Department(s):

The Principal Investigator of this study and all members of the research team are qualified by education, training, licensure and/or experience to assume participation in the conduct of this research and have the support of the department for this project.

Signature of the Departmental Chair	Signature of the Departmental Chair
Department of	Department of
Date:	Date: