



INSTITUTIONAL REVIEW BOARD (IRB) INVESTIGATOR RESEARCH AGREEMENT

TITLE OF PROTOCOL/STUDY:

ID Number (assigned by HCH IRB):

Principal Investigator(s):

Co-Investigator(s):

The undersigned, in consideration of the right to conduct research activities involving Holy Cross Hospital and its patients, agrees to the following:

1. All research will be conducted in accordance with the policies and procedures of the Institutional Review Board.
2. All research activities shall be in conformance with all rules, regulations, policies and procedures of Holy Cross Hospital.
3. If required by the Institutional Review Board, prior approval of a patient's attending physician will be obtained before contacting or involving a patient in a research program.
4. Holy Cross Hospital reserves the right to require that any research program be terminated at any time without notice if the Hospital, in its sole discretion, determines that the research is not being conducted in accordance with the representations made in the Investigational Plan, or if the Hospital determines that the research is disruptive to Hospital operations or potentially injurious to Holy Cross Hospital, its medical staff, personnel or patients.
5. The organization or individuals conducting the research shall maintain in effect, at all times, such insurance coverage as is required by the Institutional Review Board, and shall, upon request, provide evidence that such coverage remains in force.
6. The organization and individuals conducting the research shall be responsible for any damage or injury caused to Holy Cross Hospital, its medical staff, personnel, or patients as a result of any negligent act or omission of the organization or individuals conducting the research.

PRINTED NAME OF PRINCIPAL INVESTIGATOR

ADDRESS

PRINCIPAL INVESTIGATOR'S SIGNATURE

DATE

PRINTED NAME OF CO-PRINCIPAL INVESTIGATOR

ADDRESS

CO-PRINCIPAL INVESTIGATOR'S SIGNATURE

DATE

SIGNATURE, IRB CHAIRPERSON

DATE