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ASSURANCE OF PRINCIPAL INVESTIGATOR¹

This signed form is to accompany all IRB protocol applications. Please submit to IRBReview@northeastern.edu. To give assurance, please read statement and agree to all items by signing below.

1. I have read and understand Northeastern University's Policies and Procedures Concerning the Protection of Human Subjects and the Federal Wide Assurance. I give my assurance that I, and all members of the research team, will adhere to the policies in this research.
2. I assure that no participants will be recruited or enrolled, and no data will be collected, without current, written approval from Northeastern University, and other sites as required.
3. I assure that the rights and welfare of all participants will be protected according to the procedures approved for this project by the NU IRB.
4. I assure that all risks or discomforts to subjects will be clearly explained, and that I will demonstrate how risks are outweighed by potential benefits to the subject or by the importance of the knowledge to be gained.
5. I assure that the informed consent of all participants will be obtained by methods that meet the requirements of Northeastern University's policy and assurance procedures.
6. I assure that no changes in research activity will be initiated without prior NU IRB review and approval, except where necessary to eliminate apparent immediate hazard to the subjects.
7. I assure that I will report any problems involving risks to human subjects or others promptly to the Office of Human Subject Research Protection.
8. I assure that I will adhere to Northeastern's [Document Management Guidelines](#) and [Data Collection and How to Safeguard Data Guidelines](#)
9. I assure that there are no financial or other relationships (e.g., stock ownership, advisory board, speaker's bureaus, honoraria) that might be viewed as creating a conflict of interest.

PRINCIPAL INVESTIGATOR ASSURANCE

I have reviewed the contents of this form, with attachments and certify the information provided is complete and accurate. I agree to all nine (9) assurance statements.

Signature: 
Principal Investigator / Faculty Advisor²

Date: 3.25.2025

Signature: _____
Student Investigator [if applicable]

Date: _____

¹ For changes in PI, complete a Modification Form and submit with the Assurance Form signed by the new PI.

² For student research, the faculty advisor is the principal investigator for the study and is primarily responsible for the ethical conduct of the research. Faculty must review and approve student research prior to submission for NU IRB review.