Clinical trial protocol number..............……………………..............................................

Name:………………………………………………………………………………………….

Role in clinical trial…………………………………………………………………………….

Title of clinical trial: ...................…………….................................................................

Clinical trial site: ......................………………................................................................

(Please attach Curriculum vitae).

1. I am aware of the responsibilities of my role as……………….in clinical trial, number……………as required by the Laws of Uganda.

2. I have read and understand the attached clinical trial protocol, investigator’s brochure and supporting documentation and I will comply with the procedures and requirements included in them.

3. I have read the attached clinical trial application form as submitted to the Authority and confirm that the information is complete, true and accurate, and conform to the clinical trial protocol and supporting documentation.

4. I will not commence with this clinical trial before a clinical trial certificate is issued by the Authority. I will provide the Authority and any other relevant authority, with reports as may be required.

5. I will obtain the consent of the subjects, or if they are not legally competent, from their legal representatives, parents or guardians.

6. I will ensure that every subject (and other person involved in the clinical trial including the relatives of the subjects) is treated in a dignified manner and with respect.

7. I DECLARE: I have or have (delete as applicable) no conflict of interest in terms of financial interests or personal relationships that may inappropriately influence my responsibilities and conduct of this trial.

Initials: ………………………………………………………………

8. I DECLARE: I have not previously been associated with any clinical trial that has been terminated, or a clinical trial site that was closed, due to failure to comply with internationally accepted Good Clinical Practice Guidelines adopted by the Authority

 Initials: …………………………………………………………………

9. I have received suitable, recent training in internationally accepted Good Clinical Practice Guidelines adopted by the Authority.

Signed …………………………… Date …………………………

Witness …………………Name…………………………Date ………………