

# Undertaking by Investigators

**Project Title:**

**I/We, the investigators identified below, undertake:**

- to observe the principles laid down in the most recent NHMRC Statement on Human Experimentation and The Declaration of Helsinki.(see Appendix 1 for a summary of these documents)
- not to commence this research project until approval is obtained from the Austin and Repatriation Medical Centre Human Research Ethics Committee
- not to commence this research project unless adequate funding and expertise are available to enable the study to be undertaken in accordance with the principles of good research practice and in an ethical manner
- to provide additional information as requested by the Human Research Ethics Committee
- to provide annual reports to the Human Research Ethics Committee in the required format
- to maintain the confidentiality of all data collected from study participants
- to notify the Human Research Ethics Committee in writing immediately if any changes to the protocol are proposed (separate form available from Secretary) and await approval before proceeding with the proposed change
- to notify the Human Research Ethics Committee (HREC) in writing promptly if any serious adverse events occur after the approval of the HREC has been obtained
- to act promptly upon advice of a serious adverse event to ensure the safety and well being of study participants
- to agree to an audit as required by the Human Research Ethics Committee
- data and any tissue samples collected will be used only for the study for which approval has been given
- Security procedures will be applied to maintain confidentiality. (In general this will involve removal of personal identifying information from data collection forms and computer files. Codes linking individuals to data will be stored in a locked cabinet. Access to identifying data on computer should be under password control)
- Access to data will be only to appropriately authorised persons
- No data capable of identifying a particular individual will be published without the specific written consent of the participant

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Signature (Investigator)  
Name (in block letters)  
Date

Signature (Investigator)  
Name (in block letters)  
Date

Copy this table and repeat for each **Associate Researcher**.

Title and Name	
Appointment	
Department	
Institution	
Mailing address	
Describe what this researcher will do in the context of this project	
Include a brief summary of relevant experience for this project	
Phone	
Fax	
Mobile/pager	
email	