



Protocol Signature Page

Effective Date: **10/17/2022**

Version: 2

Instructions

This form should be completed and signed by the local Principal Investigator who is responsible for the study implementation at his/her specific site.

Provide the following information and a digital or wet signature. A reproduced signature will not be accepted.

Protocol Version: _____

Site Name: _____

The signature below provides the necessary assurance that this trial will be conducted according to all stipulations of the protocol, including all statements regarding confidentiality, and according to local legal and regulatory requirements and applicable US federal regulations and ICH E6 Good Clinical Practice (GCP) guidelines.

I agree to conduct the study in compliance with GCP and applicable regulatory requirements.

I agree to conduct the study in accordance with the current protocol and will not make changes to the protocol without obtaining Sponsor and IRB approval, except when necessary to protect the safety, rights, or welfare of participants.

Principal Investigator (print/type): _____

Signed: _____ Date: _____

PI Title: _____