

**BROWN UNIVERSITY**

**APPENDIX I**

**Human Subjects Research Advisor (HSR ADVISOR)**

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| **Protocol Title:** Click or tap here to enter text.  **Protocol # (if amendment):** Click here to enter text.  **Principal Investigator (PI):** Click here to enter text.  **Date of submission:** Click here to enter a date. |

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| **The Human Subject Research Advisor (HSR Advisor) must complete and sign this form when a graduate or medical student is the Principal Investigator.** |
| PART 1: HSR Advisor name and contact information.  HSR Advisor: Click or tap here to enter text.  Department: Click or tap here to enter text.  Phone number: Click or tap here to enter text.  Email address: **Click or tap here to enter text.** |
| **PART 2: HSR Advisor human subjects education**  Human Subjects CITI training is complete:  Yes  No  Good Clinical Practice (GCP) training is complete ([clinical trials](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/clinical-trials) only):  Yes  No  N/A  HIPAA training is complete (if using [PHI](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/hrpp-glossary#PHI)):  Yes  No  N/A |
| **PART 3: Conduct of the Research**  I accept joint responsibility with the student PI for the ethical conduct of this research and protection of participants as set forth in the [Belmont Report](https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html), [Common Rule](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML), and Brown University policies.  I certify that I have sufficient time and resources to advise the student investigator in the conduct of this research. |
| I will cooperate with any post-approval monitoring or auditing of study activities and/or study records as requested or required by the Brown Office of Research Integrity, the Brown IRB, funding entities, sponsors, and/or any federal or state regulatory agencies. |
| **PART 4: Study records, Reports and Documentation**  I will ensure that this study remains in compliance with Brown’s [*Research Data and Research Materials Management, Sharing and Retention Policy*](https://www.brown.edu/research/content/research-data-team#Brown%20Policies)*.*  If the student PI leaves Brown prior to three years following the end of this research, or for a longer length of time if specified in applicable regulations or sponsor requirements, I will retain all study records and will take measures to prevent accidental or premature destruction of these records.  If the student PI leaves Brown or in any other way becomes ineligible to serve as a student PI on this study, I will work with HRPP to close/transition the study if the student PI has not already done so. |
| PART 5: Certifications and Signature  I have the authority, in accordance with my appointment type at Brown, to serve as an advisor to the student PI conducting the proposed study.  I have read the complete protocol and affirm that this study is being conducted:   1. using sound research design and methods in accordance with the relevant scientific discipline; 2. in a manner that is consistent with any applicable terms of the study’s funding source(s); and 3. in accordance with applicable laws, regulations, and institutional policies.   If I become unavailable to advise the student throughout the course of the proposed human subjects research, I will transfer responsibilities to another qualified advisor and ensure that the HRPP is notified of this change.  **HSR Advisor’s name (please print):** Click or tap here to enter text.  **HSR Advisor's signature:**  **Date:**  Click here to enter a date. |
| PART 6: International Research  [Local contact](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/hrpp-glossary#local) or Local Advisor (*in-person student research only)*  Provide the name and contact information of your local contact / advisor who will be with you at your research site.  Name:  Organization:  Address:  Phone number:  E-mail address: |