



Southampton Clinical Trials Unit

Principal Investigator Protocol Acknowledgement

Table with 2 columns: Field Name, Value. Fields include Full trial title, Short trial title, PI Name, Site, Protocol version & date.

As a Principal Investigator for this study, I confirm that I have read and understood the above mentioned protocol and agree that it contains all necessary details for carrying out the study as described.

I agree to conduct the trial in accordance with the protocol.

I will provide copies of this protocol and access to all information provided by the Southampton Clinical Trials Unit, on behalf of the Sponsor, to study personnel under my supervision. I will discuss this material with them to ensure that they are fully informed about the study.

I am aware that the obligations, terms and conditions, including financial arrangements and recruitment expectations for my site are detailed in the Clinical Trial Agreement 'Model Agreement for Non-Commercial Research in the Health Service'.

I am aware that as Principal Investigator I am responsible for both the conduct of the trial and the team working with me, at my site, in accordance with The Medicines for Human Use (Clinical Trials) Regulations 2004 (and subsequent amendments).

Principal Investigator (printed name) Signature Date

Please return a copy of the signed document to the Southampton Clinical Trials Unit (post/email) and retain the original in your Investigator Site File. email: remodla@soton.ac.uk