



## INDEPENDENT INVESTIGATOR AGREEMENT

INSTITUTIONAL REVIEW BOARD  
TEACHERS COLLEGE

### TC IRB INDEPENDENT INVESTIGATOR AGREEMENT

**Federalwide Assurance (FWA) Institution Name:** Teachers College (TC), Columbia University.

**Applicable FWA #:** [00002189](#); **IRB #:** [00012186](#).

**Independent Investigator and TC IRB project information:**

<b>Investigator Name:</b>	
<b>Investigator Email:</b>	
<b>Investigator Phone Number:</b>	
<b>Investigator Degree(s):</b>	
<b>Investigator Institution Affiliation or University (if not applicable, write "N/A"):</b>	
<b>TC PI:</b>	
<b>TC Study Title:</b>	
<b>TC IRB Protocol Number:</b>	
<b>TC IRB Protocol Approved on:</b>	

#### Attestations:

1. The Independent Investigator named above has reviewed: 1) [The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research](#), 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at [45 CFR part 46](#) 3) the FWA and applicable [Terms of the FWA](#) for the Institution referenced above; and 4) the [Teachers College institutional policies and procedures for the protection of human subjects](#); and 5) Has completed and passed the [Teachers College Collaborative Institutional Training Initiative course for TC Investigators](#).
2. The Investigator understands and hereby accepts the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.
3. The Investigator will comply with all applicable laws, regulations, and policies that provide additional protections for human subjects participating in research conducted under this Agreement.



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4. The Investigator will abide by all determinations of the Institutional Review Board (IRB) under the above FWA and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.
5. The Investigator will complete the educational training required by the Institution before signing this Agreement.
6. The Investigator will report promptly to the IRB any proposed changes in the research conducted under this Agreement. The Investigator will not initiate changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.
7. The Investigator will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.
8. The Investigator, when responsible for enrolling subjects, will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected on the FWA for the Institution referenced above) and stipulated by the IRB.
9. The Investigator acknowledges and agrees to cooperate in the IRB's responsibility for initial and continuing review, record keeping, reporting, and certification for the research referenced above. The Investigator will provide all information requested by the IRB in a timely fashion.
10. The Investigator will not enroll subjects in research under this Agreement before its review and approval by the IRB.
11. Emergency medical care may be delivered without IRB review and approval to the extent permitted under applicable federal regulations and state law.
12. This Agreement does not preclude the Investigator from taking part in research not covered by this Agreement.
13. The Investigator acknowledges that they are primarily responsible for safeguarding the rights and welfare of each research subject. The subject's rights and welfare must take precedence over the goals and requirements of the research.



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### Signatures:

Independent Investigator Name:			
Street Address:		City:	
State:		Zip Code:	

By signing below, the Investigator and the TC PI affirm that they have reviewed, fully understand, and accept responsibility for complying with the standards and requirements set forth above.

**Independent Investigator Signature** \_\_\_\_\_

Date: \_\_\_\_\_

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**FWA Institutional Official (or Designee) Signature:**

\_\_\_\_\_  
TC IRB Research Compliance Director

Date: \_\_\_\_\_