

## Appendix A. – Additional Investigators

Co-Principal Investigator (Co-PI) Name:	
Professional Title:	
Department:	
Campus Address:	
Office Phone Number:	
Emergency Phone Number:	
E-mail Address:	

### Investigator's Assurances:

Pursuant to applicable State and Federal laws and regulations and Oklahoma State University policies and procedures:

- To the best of my knowledge, I affirm that all information contained herein is accurate and complete.
- I agree to accept responsibility for the training of all personnel involved in this research and that all personnel have been trained.
- I understand that any and all changes must be reported in writing to the IBC in the prescribed format, and that IBC approval shall be obtained prior to implementation of these changes.

\_\_\_\_\_  
Co-Responsible Faculty Name

\_\_\_\_\_  
Co-Responsible Faculty Signature

\_\_\_\_\_  
Date

Co-Principal Investigator (Co-PI) Name:	
Professional Title:	
Department:	
Campus Address:	
Office Phone Number:	
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### Investigator's Assurances:

Pursuant to applicable State and Federal laws and regulations and Oklahoma State University policies and procedures:

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\_\_\_\_\_  
Co-Responsible Faculty Name

\_\_\_\_\_  
Co-Responsible Faculty Signature

\_\_\_\_\_  
Date