

(Annexure 31) **Undertaking by the Principal Investigator**Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use):_____

- 1. NAME AND CODE NUMBER OF THE PROJECT.
- 2. NAME, DESIGNATION AND DEPARTMENT OF THE PRINCIPAL INVESTIGATOR.
- 3. OTHER MEMBERS OF THE RESEARCH TEAM.
- 4. NAME AND ADDRESS OF ANY OTHER MEDICAL COLLEGE, HOSPITAL OR INSTITUTION WHERE PARTS OF THE STUDY WILL BE DONE.
- 5. NUMBER OF ONGOING PROJECTS / CLINICAL TRIALS IN WHICH YOU ARE PI.
 - 1. I confirm that I will initiate the study only after obtaining all regulatory clearances.
 - 2. I will not implement any deviation from the approved protocol without prior consent of the sponsor nature and it will be intimated to the IHEC at the earliest.
 - 3. I confirm that the Co-PI and other members of the study team have been informed about their obligations and are qualified to meet them.
 - 4. I will personally supervise the study and ensure that requirements of obtaining informed consent and other ethical requirements under ICMR and National Regulatory Guidelines are adhered to.
 - 5. I will maintain accurate and complete record of all cases in accordance with GCP provisions and make them available for audit / inspection by IHEC, Regulatory authorities, Sponsors or their authorized representatives.
 - 6. I will inform the IHEC and the Sponsors of any unexpected or serious adverse event at the earliest and definitely within seven days of its occurrence.
 - 7. I will maintain confidentiality of the identity of all participating subjects and assure security and confidentiality of study data.
 - 8. I and my colleagues will comply with statutory obligations, requirements and guidelines applicable to such clinical studies.
 - 9. I will inform IHEC of the date of starting the study within 2 weeks of initiation of the trial and submit annual progress reports and final report to Member Secretary, IHEC within 4 weeks of the due date.

Signature of Principal Investigator	Date

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