INVESTIGATOR AS A PARTICIPANT IN HUMAN SUBJECTS RESEARCH: EXPERIMENTATION ON SELF

Name of Protocol:

Principal Investigator:

I am an investigator or key personnel on the above-referenced research study and intend to conduct the following procedures described in the IRB Initial Review Application on myself:

*[Describe the procedures, how long they will take, how often they will be done. Also describe the device and its FDA status, such as “The device I will be using has not been approved by the FDA and is considered experimental.”]*

RISKS: The potential risks to myself from these research procedures are:

*[Describe the likely risks and/or discomforts and what will be done to mitigate them.]*

BENEFITS: I do not expect to benefit personally from any of these procedures performed and hope the results will provide the basis for further refinement of the research technique before further tests are performed in other human subjects.

*[This language can be modified to fit your specific situation.]*

I am aware that the procedures are considered to constitute research on human subjects. I am performing these procedures on myself voluntarily.

Signature and Date

PRINTED NAME