

Harris Health System
SPONSORING RESEARCHER AGREEMENT

Section 1. RESEARCHER/STUDY COORDINATOR INFORMATION

Last Name:	First Name:
Work Phone:	Email:

Section 2. SPONSORING RESEARCHER INFORMATION

Last Name:	First Name:
Work Phone:	Email:
Clinical Specialty/Service:	University Affiliation:

Section 3. Research conducted pursuant to this Sponsoring Researcher Agreement shall have the approval of a recognized University or Organization IRB as defined in the Harris Health System Federal Wide Assurance agreement. The researcher named above is authorized to perform the following routine duties and procedures under the above IRB and Harris Health-approved protocols (***please check all that apply***):

- Screens patients to determine study eligibility by reviewing patient medical information or interviewing patients
- Provides education regarding study activities to patient, relatives and/or Harris Health staff
- Obtains written informed consent from research participant or legally authorized representative
- Checks and records vital signs
- Performs physical examinations
- Performs venipuncture to obtain research specimens according to Harris Health policies and procedures
- Collects and/or processes human specimens, including blood, urine, sputum, buccal swabs, etc.
- Maintains specimen inventory; ensures appropriate storage conditions and security according to Harris Health policies and procedures or directives from Harris Health unit or department manager(s)
- Collects data as required by protocol
- Schedules participant research visits and study procedures
- Speaks to ***patients (research subjects)***, with limited English proficiency, in their primary language in person and/or over the telephone (must be qualified per Harris Health policy)

Additional duties not listed above: _____

Section 4. RESEARCH EMPLOYEE'S STATEMENT:

I certify that I have obtained or will obtain the appropriate IRB and administrative approval to conduct research at Harris Health. I possess the licensure, education, training, skills, and competency required to conduct the research approved herein and to safely and accurately perform the aforementioned duties and procedures. I agree to abide by the terms and conditions of this Agreement and all applicable Harris Health policies and procedures and unit/department directives. I am familiar with all duties and procedures granted above, and agree to abide by such.

 Researcher's Signature _____
 Date

Section 5. SPONSORING RESEARCHER'S STATEMENT:

I certify that the researcher named above has obtained or will obtain the appropriate IRB approval to conduct research at Harris Health. The researcher possesses the licensure, education, training, skills, and competency required to conduct the research approved herein and to safely and accurately perform the aforementioned duties and procedures. I agree to abide by the terms and conditions of this Agreement and all applicable Harris Health policies and procedures and unit/department directives. I agree that my sponsorship shall end (1) if the research employee is no longer authorized to conduct research at Harris Health, (2) if I am no longer affiliated with Harris Health, or (3) if I resign as the research sponsor following written notice to the researcher and the Harris Health Office of Research and Sponsored Programs.

 Sponsoring Researcher's Signature _____
 Date

In the event the sponsorship ends as set forth in Section 5 above, this Agreement will automatically terminate.