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| **CLINICAL TRIAL STUDY TEAM DECLARATION** |
| **Declaration by Principal Investigator, Associate Investigators and other research personnel** |
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| **All research personnel involved in conducting the study** must be provided with the CALHN Clinical Trials SSA Form, HREC approval letter and Study protocol. A separate declaration via email must be provided for each team member. |
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| Project title | Enter text |
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| I certify that:1. All information in the Clinical Trial SSA Form is truthful and complete as possible
2. I will abide by ICH-GCP guidelines and the Study protocol.
3. I have had access to and read the [National Statement on Ethical Conduct in Human Research 2023](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2023) and the [Australian Code for the Responsible Conduct of Research 2018](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018).
4. The research will be conducted in accordance with all ethical and research governance arrangements of the organisations involved.
5. I have no conflicts of interest or have disclosed any conflicts of interest to the ethics review committee and CALHN Research Office and will manage them in accordance with the National Statement and the Code.
6. I will maintain the confidentiality, integrity, privacy and security of information in accordance with the [Department of the Premier and Cabinet (DPC) Circular 12 (PC012) Information Privacy Principles Instructions,](https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars) [SA Health Privacy Policy Directive,](https://www.sahealth.sa.gov.au/wps/wcm/connect/60b8550041526f138c0d8ee8f09fe17d/Directive_Privacy_30052017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-60b8550041526f138c0d8ee8f09fe17d-lNmOOny) and [Australian Privacy Principles.](https://www.oaic.gov.au/privacy/australian-privacy-principles/read-the-australian-privacy-principles)
7. I have consulted any relevant legislation and regulations, and the project will be conducted in accordance with these.
8. I will only commence this research project after obtaining ethics approval and governance authorisation.
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| **Name** | **Date** | **Signature** |
| First Name, Surname | dd/mm/yy |  |
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