Dear CHS IRB Members and Alternates,

The statement that you are signing is to ensure that you have adequately reviewed and understand the “Belmont Report.” The Belmont Report identifies the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects, and it develops guidelines, which should be followed to assure that such research is conducted in accordance with those principles (45 C.F.R. § 46.103). The Catholic Health System assures that all of its activities related to human subjects research, regardless of funding source, will be guided by the ethical principles of the Belmont Report; furthermore, it assures that whenever it engages in human subjects research conducted and supported by any federal department or agency that it has adopted the Federal Policy for the Protection of Human Subjects, known as “Common Rule.” The Common Rule is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge” (45 C.F.R. § 46.102(d)). By signing this statement following your review of the Belmont Report, you demonstrate that you have been educated and understand the basic ethics and principals of conducting research before attempting to review and approve a research protocol and consent form submitted to the CHS IRB. It serves as an educational safeguard for you as a CHS IRB Member, for the Investigator, and for the Catholic Health System. If you have not adequately reviewed the Belmont Report, please take the time to do so, sign this statement, and submit it into Danielle Casucci, IRB Administrator for the CHS.

If you have any questions or need a copy of the Belmont Report, please contact the IRB Administrator for CHS 716-821-4477 or kdewitt@chsbuffalo.org. The report is also available 24/7 on IRBNet.org.

I, (Print Name)____________________________, have taken the time to adequately read and understand the Belmont Report, which gives me the general education necessary to review research as a Member of the Catholic Health System Institutional Review Board.

CHS IRB Member Name (Please Print) ________________________________

CHS IRB Member Signature: ________________________________  Date:______________