*(Note that each investigator should fill and sign this form)*

**Clinical trial protocol number.: .............……………………..............................................**

**Role in clinical trial:…………………………………...…………………………………….**

**Title of clinical trial: ...................………………................................................................**

**Clinical trial site: ......................…………………...............................................................**

**Investugational Product:……………………………………………………………..……….**

I, *(Insert Full names*), the **principal investigator or co-investigator *(****delete as applicable****)*** in above mentioned study, hereby DECLARE that:

1. I am familiar with the International Conference on Harmonization-Good Clinical Practice (ICH-GCP) and understand the responsibilities and obligations of the Principle Investigator (PI) within the context of this study.
2. I have notified the Rwanda FDA of any aspects of the study with which I do not/am unable to, comply. (If applicable, this may be attached to this declaration.)
3. I have thoroughly read, understood, and critically analysed the protocol and all applicable accompanying documentation, including the investigator’s brochure, patient information leaflet(s) and informed consent form(s).
4. I will conduct the trial as specified in the protocol and in accordance with Rwanda FDA requirements and ICH – GCP principles.
5. To the best of my knowledge, I have the potential at the site(s) I am responsible for, to recruit the required number of suitable participants within the stipulated time.
6. I will not commence the trial before written authorization from the National Ethics Committee and Rwanda FDA has been obtained.
7. I will obtain informed consent from all participants or if they are not legally competent, from their legal representatives. I will ensure that every participant (or other involved persons), shall at all times be treated in a dignified manner and with respect.
8. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial. [*Conflict of interest exists when an investigator (or the investigator’s institution), has financial or personal associations with other persons or organizations that may inappropriately influence (bias) his or her actions*].
9. I have\*/have not (delete as applicable) previously been the principal investigator at a site which has been closed due to failure to comply with ICH-GCP (\*Attach details).
10. I have\*/have not (*delete as applicable*) previously been involved in a trial which has been closed as a result of unethical practices. (\*Attach details).

Done at ………………. on…………….

Names: …..………………………………………….

Email address: ………………………………………

Phone number: ………………………………………

Signature:………………………………..……………