

**Attestation for the Performance of Procedures in the Conduct of a
Research Study**

PI _____ IRB # _____

Name of protocol: _____

This applies to studies in which **any** procedure is performed for the purpose of study conduct, **whether or not the procedure itself is investigational**.

I attest to the following (check all that apply):

- The person(s) performing any study-related procedure(s) (i.e. blood drawing, fat/muscle biopsy) *whether or not the procedure(s) are investigational*, has been properly trained and is acting within his/her scope of practice. I can produce certifications, credentials or other documentation of my/staff competency in the procedure(s) if asked.
- if*** the procedure(s) is investigational, I have obtained approval for performing the procedure(s) in this study by submitting appropriate documents to the IRB and VA R&D for review and approval.
- if*** the procedure(s) is investigational, I will properly undertake the informed consent process and will obtain a signed Informed Consent Form before performing the procedure(s).

Principal Investigator (signature)

Date