APPENDIX G-i: IERB CONFIDENTIALITY FORM – *Principal Investigator*

This confidentiality form is a legal agreement between AIU's IERB and the undersigned *principal investigator* who will have access to individually-identifiable original records (electronic or paper), or any other matters regarding the research process.

IERB Research Number: _____

PI Name:_____ Date: _____

Title of Research_____

In conducting this research project, I agree to the following:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format.
2. Keep all research information in any form or format securely maintained on a daily basis, during the process of conducting and writing the research.
3. At the conclusion of the research, dispose of any documents that contain identification information, such as participant names or other information that could reveal identity of the human subject.
4. Monitor all other researchers who work with me, i.e. research assistants, administrative persons, etc., to ensure their compliance to confidentiality.

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Principal Investigator

_____ _____ _____

Print Name Signature Date

_____ _____ _____

Witness Name Signature Date

APPENDIX G-ii: IERB CONFIDENTIALITY FORM – *Other Researchers*

This confidentiality form is a legal agreement between AIU's IERB and the undersigned *other researchers* who will have access to individually-identifiable original records (electronic or paper), or any other matters regarding the research process.

IERB Research Number: _____

Other Researcher's Name:_____ Date: _____

Title of Research_____

In conducting this research project, I agree to the following:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format.
2. Keep all research information in any form or format securely maintained on a daily basis, during the process of conducting and writing the research.
3. At the conclusion of the research, dispose of any documents that contain identification information, such as participant names or other information that could reveal identity of the human subject; as approved by the principal investigator

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Other Researcher:

_____ _____ _____

Print Name Signature Date

_____ _____ _____

Witness Name Signature Date

This study has been reviewed and approved for human subject participation by AIU IERB. If you have questions or concerns about this study, please contact the principal investigator. If you have questions regarding the participant's rights, contact the IERB Office at 0703394399.