Individual Investigator Agreement
Name of Institution with the Federalwide Assurance (FWA): Kennesaw State University____
Applicable FWA #: FWA00004584__________

10. The Investigator will not enroll subjects in research under this Agreement prior to its review and
approval by the IRB.
11. Emergency medical care may be delivered without IRB review and approval to the extent permitted
under applicable federal regulations and state law.
12. This Agreement does not preclude the Investigator from taking part in research not covered by this
Agreement.
13. The Investigator acknowledges that he/she is primarily responsible for safeguarding the rights and
welfare of each research subject, and that the subject’s rights and welfare must take precedence over
the goals and requirements of the research.
____
Investigator Signature
____
FWA Institutional Official (or Designee):
Date: Date:
Printed Name: Institutional Title:
Degree(s):
Address:
Phone: