**STATEMENT OF INVESTIGATOR  
(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)**

Form FDA 1572 (02/19)

NOTE: No investigator may participate in an investigation until he/she provides the sponsor with a completed, signed Statement of Investigator, Form FDA 1572 (21 CFR 312.53(c)).

1. **NAME AND ADDRESS OF INVESTIGATOR**

{{principal\_investigator\_name}}

{{investigator\_address}}

1. **EDUCATION, TRAINING, AND EXPERIENCE THAT QUALIFIES THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS ATTACHED:**

☐ CURRICULUM VITAE ☐ OTHER STATEMENT OF QUALIFICATIONS

1. **NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL, OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION WILL BE CONDUCTED**

{{research\_facility\_name}}

{{research\_facility\_address}}

1. **NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITIES TO BE USED IN THE STUDY**

{{clinical\_lab\_name}}

{{clinical\_lab\_address}}

1. **NAME AND ADDRESS OF INSTITUTIONAL REVIEW BOARD (IRB) RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY**

{{irb\_name}}

{{irb\_address}}

I agree to conduct the study in accordance with the relevant, current protocol and will only make changes in a protocol after notifying the sponsor, except when necessary to protect the safety, rights, or welfare of subjects.  
  
I agree to personally conduct or supervise the described investigation.  
  
I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes...

SIGNATURE OF INVESTIGATOR  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_