

# Principal Investigator: Data Security Supplement



**Chicago International**  
CHARTER SCHOOL

*This form is used by the Principal Investigator to clarify who, other than the PI, will have access to the research materials, and to ensure security measures will be taken to maintain the protection of subjects by all personnel involved.*

## Section 1: Principal Investigator Information

<b>Name of Principal Investigator (PI):</b>
<b>Title of Project:</b>
<b>Name of Organization:</b>

**1. What research design is used in this protocol?**

- Single blind
- Double blind
- Open label
- Other; please describe:

**2. What is the risk level for the study referenced above:**

- Minimal       Moderate       High

**3. Will anyone other than the PI have a link to identify subjects?**

- Yes.
- No.

**If yes, please provide contact information for this person.**

Name:  
Title:  
Role in the project:

**4. Will someone other than the PI be in charge of the database that houses any data obtained or collected?**

- Yes.
- No.

**If yes, please provide contact information for this person.**

Name:  
Title:  
Role in the project:

**5. Will someone other than the PI be in charge of the statistical analyses for this project?**

Yes.

No.

**If yes, please provide contact information for this person.**

Name:

Title:

Role in the project:

**6. Who will do reporting of adverse events, project changes, or results?**

Principal Investigator

Other (if other, please provide information for this person)

Name:

Title:

Role in the project:

**7. To what entities other than CICS will reporting of results be done?**

**8. Describe what provisions will be taken to maintain confidentiality of data being distributed to other entities?**

As the Principal Investigator, I personally certify that:

- I am responsible for maintaining the integrity and security of any private or identifiable information involved in this project.
- I ascertain to personally assure the preservation, management and confidentiality of all data by myself and any staff, colleagues, co-investigators, or stakeholders involved in this project.
- I also agree to notify the Chicago International Charter School Data Monitoring Committee of any additions or corrections to the information detailed in this form.

**\*E-Signature**

Please initial below to acknowledge that you have reviewed the information above and agree that it is accurate. By initialing below you endorse this document as legally binding in accordance to the e-sign bill S.761 and release the below initials in lieu of signature.

\*Initial Here: