**INVESTIGATOR PROTOCOL AGREEMENT PAGE**

Protocol Number:

Protocol Title:

Version/Date:

This study will not commence without the prior written approval of a properly constituted Institutional Review Board (IRB). No changes will be made to the study protocol without the prior written approval of the sponsor and the IRB, except where necessary to eliminate an immediate hazard to the patient.

I have read and understood the clinical protocol and agree to conduct the clinical study in accordance with the IRB approved protocol, referenced herein, Good Clinical Practice Guidelines, United States, and other applicable local regulatory requirements.

Principal Investigator Name, printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Date