

# SCLERODERMA FOUNDATION RESEARCH GRANT AWARD ASSURANCES

Principal Investigator's Full Name:

Title of Research Project:

**TO BE COMPLETED BY SUPERVISING INSTITUTION:** Will any of the following be used in this project?

Human Subjects?

Animal Subjects?

Recombinant DNA?

Biohazards?

Sponsoring Institution:

## CERTIFICATION AND ACCEPTANCE

The following statements are signed by an individual authorized to act for the institution and to assume on behalf of the institution the obligations imposed by this clause: The (institution) \_\_\_\_\_ agrees, if an Scleroderma Foundation Award is given to (P.I.) \_\_\_\_\_ and if human or animal subjects are used in any of the activities supported by such, that it will comply with all applicable U.S. Department of Health and Human Services' regulations with respect to the rights and welfare of such subjects.

The institution acknowledges and agrees that the work to be performed pursuant to this award is the responsibility of the institution; that the institution shall be responsible for any and all claims that may arise out of or in connection with such work; that the Scleroderma Foundation shall have no responsibility for or to the subjects involved; and, to the full extent permitted by law, that the institution shall indemnify and hold the Scleroderma Foundation harmless from and against any and all claims, liabilities and/or expenses arising from or related to this award and the work performed pursuant thereto.

### APPROVAL BY AUTHORIZED REPRESENTATIVE OF INSTITUTION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Above Name (typed)

\_\_\_\_\_  
Title

Please return to:

Scleroderma Foundation  
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Danvers, MA 01923  
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