

Annexure No: 2

NETAJI SUBHAS MEDICAL COLLEGE & HOSPITAL,
Amhara, Bihta, Patna

SECRECY UNDERTAKING BY MEMBER OF CLINICAL RESEARCH
ETHICS COMMITTEE

Name:

Designation:

Address:

I understand that as a Member of the of Clinical Research Ethics Committee I may receive documents containing confidential or privileged information about patients, volunteers of commercial products.

I agree not to disclose or discuss such information or minutes of the meeting with persons not entitled to have them. I also agree either to return all documents marked CONFIDENTIAL/PRIVILEGED to Member Secretary or destroy them after perusal.

Date

Signature