**To: “Pauls Stradins Clinical University Hospital”**

**Director of Researh Institute**

**ACKNOWLEDGMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certifyworking on my reseach project

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 /Title of thesis/

1. **I am familiar with Hospital’s procedure P-Zin-1.2. "The Procedure for Academic Research at the Pauls Stradins Clinical University Hospital"**, especially but not limited to the following sections: General Terms, Access to Medical Documents within the Study, Conducting Research in Clinical Units **I understand and undertake to abide by it.**

2. **I will only process the data for research purposes and in accordance with the General Data Protection Regulation, the Personal Data Processing Act, the Patient's Rights Act, other laws regulating the processing of personal data and conducting research, and the internal regulations of the Hospital** data processing, internal procedures and processes within the scope of the Hospital, the instructions of the Hospital staff, and to the extent specified in the regulatory documents for the study

3. **I am aware that failure to comply with the laws and regulations may result in my being prevented from conducting further research**, commencing and conducting other research and studies in the hospital, and may incur legal liability, both in terms of penalties and sanctions imposed by public authorities and civil claims, including litigation, and may affect my legal relationship with the university where I am studying. **I am aware of the fact that hospital staff are required to report my violations as set forth in the Procedure.**

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 Applicant’s name/ surname

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