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| **Please check:** |
| **WIRB** |       |
| **SAIRB** |       |

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| --- |
| The University of ToledoDepartment for Human Research ProtectionsSocial, Behavioral & Educational IRBPhone: 419-530-2844 Fax: 419-530-2841Biomedical Institutional Review BoardPhone: 419-383-6796 Fax: 419-383-3248*(FWA 00010686)* |
|  |
|  |

**UT Reference #**

*For IRB office use.*

**UT IRB Notification of Personnel Changes to a CIRB Reviewed Study**

  **UT Study #:** **Principal Investigator:**

 **Study Title:**

 **If this is a change in Principal Investigator or alters the Approved Consent form, please follow the respective CIRB process.**

|  |  |  |  |
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|  UT IRB #       |  Add       |  Delete       |  Change Role       |
| **Employee’s Name (First, Middle Initial, Last)** | **Highest Degree, Certification, and/or License** | **Occupational Position**E.g., Faculty, Staff, Student, Volunteer | **Role on Project**E.g., PI, Investigator, Coordinator, Support Staff, Statistician | **Role in the Consent Process**  | **\*CITI & HIPAA Training Completed?** |
| Explain Only  | Explain & Obtain | Yes | No |
| **1.**       |       |       |       |       |       |       |       |
| **2.**       |       |       |       |       |       |       |       |
| **3.**       |       |       |       |       |       |       |       |
| **4.**       |       |       |       |       |       |       |       |
| **5.**       |       |       |       |       |       |       |       |
| **To fulfill UT training requirements, please submit CITI & HIPAA completion certificates with any personnel additions.** |

 **If this is a funded/sponsored project, please inform the Research & Sponsored Programs office at 419-383-4252 of these changes.**