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

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| --- |
| The University of Toledo  Department for Human Research Protections  Social, Behavioral & Educational IRB  Phone: 419-530-2844 Fax: 419-530-2841  Biomedical Institutional Review Board  Phone: 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.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.**