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| **Protocol Information** |
| **IRB#**       | **Study Type:** [ ]  Convened [ ]  Expedited [ ]  Exempt | **UT Reference #:** *(IRB office use)*        | **Date changes made:**       |
| **Study Title:**       |
| **PI:**       | **Phone#:**       | **Email:**       | **Department:**       | **Mail Stop:**       |
| **Study Contact:**       | **Phone#:**       | **Email:**       | **Fax#:**       | **Mail Stop:**       |
| **Name of person completing this form**:      *(If not Lead Researcher or Study Contact)* | **Phone#:**       | **Email:**       |
| **Study Personnel Changes** |
| **Request****Type** | **Is access to KC required?** | **Employee or Student Name**(First, Middle Initial, Last) | **Highest Degree, License** **and/or Certification**  | **Role on Project**E.g., PI, Coordinator, Support Staff, Statistician | **Role in Consent Process** | **CITI & HIPAA Training Certificates and COI form(s) Please attach HIPAA & COI forms.** |
| **Yes** | **No** | **Explain Only** | **Explain & Obtain** | **CITI** | **HIPAA** | **COI** |
| [ ]  Add[ ]  Delete[ ]  Change Role |  |  |  |  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| [ ]  Add[ ]  Delete[ ]  Change Role |  |  |  |  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| [ ]  Add[ ]  Delete[ ]  Change Role |  |  |  |  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| [ ]  Add[ ]  Delete[ ]  Change Role |  |  |  |  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

 **Submitted by: Date: Principal Investigator: Date:**

**IF THIS IS A FUNDED RESEARCH STUDY, PLEASE CONTACT THE RSP OFFICE AT 383-4252 REGARDING THIS UPDATED PERSONNEL INFORMATION.**