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