**Please use this form if you require adding research personnel to your already IRB approved study:**

Name of Principal Investigator:

LAU IRB Tracking #:

Protocol /Study Title:

*Approval Issue Date:*       *Approval Expiry Date (If Applicaple):*

| ***Study Site Personnel*** *(Please indicate below all NEW study personnel to be added to this already approved IRB protocol. You can also capture if a study personnel is to be removed from an already approved protocol. Make multiple blank copies of this sheet prior to completing, if necessary.)* ***NOTE: Include copies of human subject research protection training Certificate of Completion.*** |
| --- |
| *Study Personnel* | *Subject Interaction*  | *Obtains**Informed Consent* | *Conducts data analysis, reviews medical records/ databases and/or handles biological specimens* |
| Name:      School / Division:      [ ]  Added to the Protocol[ ] Removed from the ProtocolName of Human Subject Research Training:        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Name:      School / Division:      [ ]  Added to the Protocol[ ] Removed from the ProtocolName of Human Subject Research Training:        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Name:      School / Division:      [ ]  Added to the Protocol[ ] Removed from the ProtocolName of Human Subject Research Training:        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Name:      School / Division:      [ ]  Added to the Protocol[ ] Removed from the ProtocolName of Human Subject Research Training:        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

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| ***17. PRINCIPLE INVESTIGATOR’S ASSURANCE***  |
| I certify that the personnel added in this form are qualified and have been trained on the research protocol, Informed consent process, data collection, and any other study related procedures, as applicable                   Name Signature Date |