**Please use this form if you require additional space for study site personnel while submitting:**

* **Initial Protocol Application (Section 3)**
* **Continuing Review Application (Section 7)**
* **Protocol Amendment Application (Section 5)**

Name of Principal Investigator:         
  
Protocol /Study Title:

*Supplementary Sheet*       *of*

| ***Study Site Personnel*** *(Please indicate below all study personnel associated with this protocol. Please indicate if an individual is to be added or removed from study staff, where relevant. 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 Protocol  Name of Human Subject Research Training: | Yes  No | Yes  No | Yes  No |
| Name:  School / Division:  Added to the Protocol  Removed from the Protocol  Name of Human Subject Research Training: | Yes  No | Yes  No | Yes  No |
| Name:  School / Division:  Added to the Protocol  Removed from the Protocol  Name of Human Subject Research Training: | Yes  No | Yes  No | Yes  No |