**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER**

**INSTITUTIONAL REVIEW BOARD**

**APPLICATION FOR CHANGE OF STUDY PERSONNEL**

**(OTHER THAN PRINCIPAL INVESTIGATOR**)

Instructions: You must report additions, deletions, or changes in function of study staff on this form. This applies to study personnel, students, and trainees. **DO NOT USE THIS FORM TO REPORT CHANGES IN PRINCIPAL INVESTIGATOR.**  For Principal Investigator (PI) change, you must revise the protocol synopsis to reflect the new PI.

## IRB Project #:

Principal Investigator:

Project Title:

Sponsor Protocol #:       UNTHSC Department:

Contact Person:        Phone:

Include with this form, a copy of the **CITI training certificate** and a signed **Conflict of Interest (COI)** disclosure for each added key personnel. Approval for adding personnel cannot be made without these additional documents, or without appropriate IRB/human subjects training. New (added) personnel may **not** begin involvement on project ***prior*** to IRB approval.

| NAME | ROLE / FUNCTION IN STUDY | OBTAININGINFORMEDCONSENT?(YES/NO) |  Planned Start Date\* |
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***\*NOTE: The planned start date cannot precede the date this form is submitted for IRB review.***

I hereby certify that the above information is correct and that the added personnel have complied with OPHS Conflict of Interest Disclosure requirements. I also certify that each of the persons listed above have met all aspects of the CITI required training for research involving human subjects, and that each person has complied with the CITI Integrity Assurance Statement. Therefore, I assume responsibility for the above personnel and their activities on this study.

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Signature – Principal Investigator Date Signature – Chairman, IRB Date