



**Instructions:** To change only study personnel please fill out this form, sign it and submit it to the IRB office 248 College Hall

**Study Information**

Protocol # : \_\_\_\_\_ Last approval date: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title : \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

**Add study personnel**

<p>Name _____</p> <p>Address _____</p> <p>Department _____</p> <p>College/School _____</p> <p>e-mail _____</p> <p>Phone # _____</p>	<p>New person is? _____ (Staff, Teacher, Student, etc.)</p> <p>Project role? _____</p> <p>Briefly describe the nature of the contact this person will have with the research participant and/or their data.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Human Participant Tutorial Status</p> <p style="text-align: center;">Enclosed      Previously Submitted</p>
<p>Name _____</p> <p>Address _____</p> <p>Department _____</p> <p>College/School _____</p> <p>e-mail _____</p> <p>Phone # _____</p>	<p>New person is? _____ (Staff, Teacher, Student, etc.)</p> <p>Project role? _____</p> <p>Briefly describe the nature of the contact this person will have with the research participant and/or their data.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Human Participant Tutorial Status</p> <p style="text-align: center;">Enclosed      Previously Submitted</p>

Name _____	New person is? _____ (Staff, Teacher, Student, etc.)
Address _____	Project role? _____
Department _____	Briefly describe the nature of the contact this person will have with the research participant and/or their data.
College/School _____	_____
e-mail _____	_____
Phone # _____	_____
	Human Participant Tutorial Status
	Enclosed                  Previously Submitted

### Remove study personnel

Name (Last name, First name) \_\_\_\_\_

Name (Last name, First name) \_\_\_\_\_

Name (Last name, First name) \_\_\_\_\_

### Change personnel role

Name (Last name, First name) \_\_\_\_\_

New role in project? \_\_\_\_\_

Name (Last name, First name) \_\_\_\_\_

New role in project? \_\_\_\_\_

### Signature of Principal Investigator

By signing this form the Principal Investigator verifies that the information that has been provided is true.

Document Signature \_\_\_\_\_ Date \_\_\_\_\_

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IRB Chair Signature \_\_\_\_\_ Approval Date \_\_\_\_\_