

**Research Team Members**

***(for submission with initial IRB Application)***

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

Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Principal Investigator, all Co-Principal Investigators and Research Team members engaged in the research study. All research team members must submit a Good Clinical Practice (GCP) certificate. Research Team members are those persons who will be directly responsible for the project’s design or implementation, involved in recruitment, and obtain informed consent, involved in data collection, data analysis, or follow-up. (Free GCP courses are available online at:

<https://gcplearningcenter.niaid.nih.gov>(NIH National Institute of Allergy and Infection Disease) or

<https://phrp.nihtraining.com/users/login.php>(NIH Office of Extramural Research)

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| **Principal Investigator** | | | | |
| Last Name | First Name | | Academic Degree(s) | |
| Office Address | | City | State | Zip Code |
| Phone | Fax | | E-mail | |
| CMHS Affiliation (Mark One)  Active Medical Staff  GME Resident  GME Medical Student GME Faculty    CMHS Employee  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Attachments:  CV  Signed Conflict of Interest Statement  GCP Certification | | | | |

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| **Co-Principal Investigator**   **Research Team Member** | | | | |
| Last Name | First Name | | Academic Degree(s) | |
| Office Address | | City | State | Zip Code |
| Phone | Fax | | E-mail | |
| CMHS Affiliation (Mark One)  Active Medical Staff  GME Resident  GME Medical Student GME Faculty    CMHS Employee  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **Co-Principal Investigator  Research Team Member** | | | | |
| Last Name | First Name | | Academic Degree(s) | |
| Office Address | | City | State | Zip Code |
| Phone | Fax | | E-mail | |
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For additional Research Team members use attached sheet, make copies if needed.

**INVESTIGATOR ASSURANCE**

I certify that the information supplied on this form is complete and correct and that new members of the research team will not engage in research until IRB approval has been obtained.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Principal Investigator Date

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