

Additional Research Team Members Form**Principal Investigator:****Study Title:**

**All research team members must have completed IRB-approved human research protections training.
Use this form as many times as necessary.**

Name: _____ Dept: _____

Role in the research: _____

Research Ethics Training Source: _____ Date Completed: _____

Any Potential or Actual financial interested related to this research? Yes No

Any Contact with PHI? Yes No Involved in Consent Process: Yes No

Name: _____ Dept: _____

Role in the research: _____

Research Ethics Training Source: _____ Date Completed: _____

Any Potential or Actual financial interested related to this research? Yes No

Any Contact with PHI? Yes No Involved in Consent Process: Yes No

Name: _____ Dept: _____

Role in the research: _____

Research Ethics Training Source: _____ Date Completed: _____

Any Potential or Actual financial interested related to this research? Yes No

Any Contact with PHI? Yes No Involved in Consent Process: Yes No

Name: _____		Dept: _____	
Role in the research: _____			
Research Ethics Training Source: _____		Date Completed: _____	
Any Potential or Actual financial interested related to this research?		Yes	No
Any Contact with PHI?	Yes	No	Involved in Consent Process: Yes No

Name: _____		Dept: _____	
Role in the research: _____			
Research Ethics Training Source: _____		Date Completed: _____	
Any Potential or Actual financial interested related to this research?		Yes	No
Any Contact with PHI?	Yes	No	Involved in Consent Process: Yes No

Name: _____		Dept: _____	
Role in the research: _____			
Research Ethics Training Source: _____		Date Completed: _____	
Any Potential or Actual financial interested related to this research?		Yes	No
Any Contact with PHI?	Yes	No	Involved in Consent Process: Yes No

Please save a copy of the form for your records and submit the final form electronically by clicking the "Submit Form" to the left or at top of page.