

**Principal Investigator:** 

## INSTITUTIONAL REVIEW BOARD Supplemental Form J

## Additional Research Team Members Form

Study Title:								
All research team members must have completed IRB-approved human research protections training.  Use this form as many times as necessary.								
Name:								
Role in the research:								
Research Ethics Training Source	Date Completed:							
Any Potential or Actual financial	interested rela	ated to this r	esearch?	Yes	No			
Any Contact with PHI?	Yes	No	Involved in Cor	nsent Process:	Yes	No		
Name:				Dept:				
Role in the research:								
Research Ethics Training Source	Date Completed:							
Any Potential or Actual financial	interested rela	ated to this r	esearch?	Yes	No			
Any Contact with PHI?	Yes	No	Involved in Cor	nsent Process:	Yes	No		
Name:				Dept:				
Role in the research:								
Research Ethics Training Source	ce:			Date Comp	leted:			
Any Potential or Actual financial	interested rela	ated to this r	esearch?	Yes	No			
Any Contact with PHI?	Yes	No	Involved in Cor	nsent Process:	Yes	No		



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Name:		Dept:					
Role in the research:							
Research Ethics Training Source:	Date Completed:	Date Completed:					
Any Potential or Actual financial interested re	elated 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:	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.