STAFF CHANGE REQUEST FORM

Syracuse VA Institutional Review Board

(Syracuse, Canandaigua & Bath VAMC)

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| --- | --- | --- |
| **Title of Project** |  | |
| **VA IRB Project #** |  | |
| **Principal Investigator (PI)** | **Name:** | |
| **Phone:** | **E-mail:** |
| **Project Coordinator** | **Name:** | |
| **Phone:** | **E-mail:** |

|  |  |
| --- | --- |
|  | **Addition of a new investigator (complete Section I)** |
|  | **Removal of a former investigator from the study staff of the project**  **(complete Section II)** |

**I. Additional Team Members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please submit the following items for all new staff members:   * COI Form * Scope of Work or PI Addendum as applicable * Include current CV/Resume. * Include training certificates. (CITI & HRPP Training)   *Please be advised that this study involves the use of an Investigational Product, and the updated FDA 1572 form containing the name of the new investigator must be included for review.* | | | | | | |
| **Name** | **Project Role** | **COI Form Included** | **Scope included *or* on file with the IRB** | **Current training** | | **Obtains Consent** |
|  |  |  |  | **CITI** | **HRPP** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**II. Staff Removal**

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| --- | --- | --- |
| **Name** | **Project Role** | **DATE** |
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| ***The Principal Investigator must check each box and sign and date the form.*** | |
|  | I and my project team, to include any additional team members added in Section I of this Application, have no conflicts of interest in regard to the conduct of this project or, if a conflict has arisen, the conflict has been reviewed by this site and a copy of the determination is attached. |
|  | All members of the project team, to include any additional team members added in Section I of this Application, are appropriately credentialed, privileged, and have completed all required VA training in the protection of human participants and Good Clinical Practice. |
| By signing below, I attest that the project continues to be scientifically and ethically sound. I and my study team will continue to meet the ethical standards for research involving human participants and will comply with requirements for VA IRB approval of this project.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator Signature Date | |