**The University of Vermont Committees on Human Research**

### Request for Change in Key Personnel

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. CHRMS** |  | **CHRBS** |  |  **#** |  | **Principal Investigator** |  |
|  **Protocol Title:** |  |
|  |  |  |  |
|  **B.** | Add Personnel  |  | Not applicable *(add additional rows if necessary)* |
| **All key personnel are required to complete the Human Subjects in Research Training** [**https://www.uvm.edu/rpo/citi-program-training**](https://www.uvm.edu/rpo/citi-program-training) |
| **PLEASE DO NOT SUBMIT THIS REQUEST UNTIL ALL KEY PERSONNEL ADDITIONS HAVE COMPLETED THE REQUIRED TRAINING(S)****Check tutorial completions** [here](http://www.uvm.edu/~irb/education/TutorialCOMPLETION.htm). |
| **Last Name** | **First Name** | **Email Address** |
|  |  |  |
|  |  |  |
|  |  |  |
| **GCP training must be completed if this study meets the NIH definition of a Clinical Trial.** |
| *If you answer “Yes” to all four of the questions below, this study meets the definition of a Clinical Trial and GCP training is required.* |
| Does the study involve human participants? |  | Yes |  | No |
| Are the participants prospectively assigned to an intervention? |  | Yes |  | No |
| Is the study designated to evaluate the effect of the intervention on the participants? |  | Yes |  | No |
| Is the effect that will be evaluated a health-related, biomedical, or behavioral outcome? |  | Yes |  | No |
| **Date of GCP Training Completion** |  | Completions can be found [here](http://www.uvm.edu/~irb/education/TutorialCOMPLETION.htm). |  |  |

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| --- | --- | --- | --- |
| **C.** | Remove Personnel  |  | **Not applicable** *(add additional rows if necessary)* |
|  | Last Name | First Name |
|  |  |  |
| \*If yes above, should this person be removed from any of your other protocols? |  | Yes |  | No |
| If yes, you can remove them from those protocols using this submission. List the other IRB file numbers here. |
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|  |  |
| **D.** | Change in Principal Investigator: (Note: Please use the [“Request for Change in PI form”.](https://www.uvm.edu/sites/default/files/media/personnel_change_form_PI_with_Clinical_Trial_question_InfoEd.docx) |
| **E.** | Change in Primary Contact: (Note: If you are taking a person off key personnel and that person is currently listed as the contact for this protocol, please identify a new contact person here.) |
| Contact Full Name |  | Phone Number/Pager |  |
| Department /Address |  | Email |  |
|  |  |
| **F.** | Change in Faculty Sponsor: (list new faculty sponsor information below) |
| Contact Full Name |  | Phone Number/Pager |  |
| Department /Address |  | Email |  |
|  |  |  |  |
| G. Principal Investigator Signature |  | **Date** |  |