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

### Request for Change in Key Personnel

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | | | | | |
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| **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 | | | |  | | | | | | | |
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| **F.** | | Change in Faculty Sponsor: (list new faculty sponsor information below) | | | | | | | | | | | | | | | | | | |
| Contact Full Name | | |  | | | | | Phone Number/Pager | | | |  | | | | | | | |
| Department /Address | | |  | | | | | Email | | | |  | | | | | | | |
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| G. Principal Investigator Signature | | | | | | | |  | | | **Date** | | |  | | | | | |