**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:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **B.** | | | Add Personnel | | | | | |  | | Not applicable *(add additional rows if necessary)* | | | | | | | | | | | | | | | | | |
| **All key personnel are required to complete the Human Subjects in Research Training** [**http://www.uvm.edu/irb/?Page=training\_faqs.html**](http://www.uvm.edu/irb/?Page=training_faqs.html) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| |  | | --- | | **Additional training must be completed if this study meets the NIH definition of a Clinical Trial.** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | *A clinical trial is defined by NIH as a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.* | | | | | | |  | Yes |  | No | | | | If yes, personnel are required to complete Good Clinical Practice training. FAQs regarding this requirement can be found [here](http://www.uvm.edu/~irb/?Page=training_faqs.html) and completions can be found [here](http://www.uvm.edu/~irb/education/TutorialCOMPLETION.htm). | | | | | | | **Date of GCP Training Completion:** | | | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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”.](http://www.uvm.edu/irb/form/personnel_change_form_PI.doc) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | |  | | | | | | |