

PERSONNEL AMENDMENT TABLE
Purdue University – Institutional Review Board v 20160525

INSTRUCTIONS

1. Use this form to request **adding** personnel to IRB studies.
2. The addition or removing of **non-key personnel** does not require submission of an amendment (see definitions below). It is the principal investigator’s responsibility to keep records of non-key personnel changes, study personnel’s fulfillment of education requirements and be able to produce those records upon request. To determine if your personnel meet the definition of key personnel, review our guidelines on the education page of our website.

Key Personnel Members of a research team who contribute in a substantive way to the scientific or scholarly development, execution, or interpretation of a project.

Non-Key Personnel Non-Key Personnel are research personnel who either interact with human subjects or access identifiable, private information but are not key personnel in the sense that they do not contribute in a substantive way to the scientific or scholarly development or execution of a project. For example, such personnel may assist in collecting data, but are always under supervision of the principal investigator and/or key personnel and do not act independently in the execution of the research project.

STUDY INFORMATION

Principal Investigator contact information:

| Name | Email |
|------|-------|
| | |

Study Information:

| IRB Study Number | Study Title |
|------------------|-------------|
| | |

PERSONNEL TO BE ADDED – Add up to four research team members. If you are adding more than four research team member, please add additional personnel as an attachment using the chart below.

What is “identifiable information?” Identifiable information is that information by which a subject can be identified directly (name, PU ID number, SS number, email, etc.), indirectly by triangulating multiple variables, (i.e., age, sex, race, profession, etc.) or through codes with links to the identity of a subjects.

How do I obtain the CITI certificates? Go to CITI at www.citiprogram.org. Log into the learner’s account. Go to Course Completion History. On the far right side of the screen is a Completion Report. Click View. This will bring up the completion certificate which can be save to a computer.

Study Personnel #1

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Name (Last name, First name MI): | |
| Title/Highest Earned Degree: | |
| University/Institution: | |
| University Department: | |
| Phone Number: | |
| Mailing Address: | |
| Email Address: | |
| Will s/he directly interact with participants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he access identifiable information? | Yes No |
| Will s/he replace PI on this study? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → If yes, what will now be the role of the current PI? | <input type="checkbox"/> Study Co-Investigator <input type="checkbox"/> No longer study personnel |
| S/he has completed Human Subjects Training: | |
| <input type="checkbox"/> Purdue CITI Training | – Attach certification Exp: |
| <input type="checkbox"/> CITI Training through another institution | |
| → Attach certification | |
| → Identify institution | |
| → Expiration Date | |
| <input type="checkbox"/> Other Training – Attach Certification | |
| → Attach certification | |
| → Identify institution | |
| → Expiration Date | |
| Have any study documents (e.g., consent forms, information sheets, recruitment materials, etc.) changed to reflect new personnel or remove previous personnel? | |
| <input type="checkbox"/> Yes – Attach revised documents with amendment <input type="checkbox"/> No | |
| Does s/he have a significant financial interest or any other known conflict of interest in this study? | |
| | |

Study Personnel #2

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Name (Last name, First name MI): | |
| Title/Highest Earned Degree: | |
| University/Institution: | |
| University Department: | |
| Phone Number: | |
| Mailing Address: | |
| Email Address: | |
| Will s/he directly interact with participants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he access identifiable information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he replace PI on this study? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → If yes, what will now be the role of the current PI? | <input type="checkbox"/> Study Co-Investigator <input type="checkbox"/> No longer study personnel |
| S/he has completed Human Subjects Training: | |
| <input type="checkbox"/> Purdue CITI Training | – Attach certification Exp: |
| <input type="checkbox"/> CITI Training through another institution → Attach certification → Identify institution | |
| → Expiration Date | |
| <input type="checkbox"/> Other Training – Attach Certification → Attach certification → Identify institution | |
| → Expiration Date | |
| Have any study documents (e.g., consent forms, information sheets, recruitment materials, etc.) changed to reflect new personnel or remove previous personnel? <input type="checkbox"/> Yes – Attach revised documents with amendment <input type="checkbox"/> No | |
| Does s/he have a significant financial interest or any other known conflict of interest in this study? | |

Study Personnel #3

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Name (Last name, First name MI): | |
| Title/Highest Earned Degree: | |
| University/Institution: | |
| University Department: | |
| Phone Number: | |
| Mailing Address: | |
| Email Address: | |
| Will s/he directly interact with participants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he access identifiable information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he replace PI on this study? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → If yes, what will now be the role of the current PI? | <input type="checkbox"/> Study Co-Investigator <input type="checkbox"/> No longer study personnel |
| S/he has completed Human Subjects Training: | |
| <input type="checkbox"/> Purdue CITI Training | – Attach certification Exp: |
| <input type="checkbox"/> CITI Training through another institution → Attach certification → Identify institution | |
| → Expiration Date | |
| <input type="checkbox"/> Other Training – Attach Certification → Attach certification → Identify institution | |
| → Expiration Date | |
| Have any study documents (e.g., consent forms, information sheets, recruitment materials, etc.) changed to reflect new personnel or remove previous personnel? <input type="checkbox"/> Yes – Attach revised documents with amendment <input type="checkbox"/> No | |
| Does s/he have a significant financial interest or any other known conflict of interest in this study? | |

Study Personnel #4

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Name (Last name, First name MI): | |
| Title/Highest Earned Degree: | |
| University/Institution: | |
| University Department: | |
| Phone Number: | |
| Mailing Address: | |
| Email Address: | |
| Will s/he directly interact with participants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he access identifiable information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will s/he replace PI on this study? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → If yes, what will now be the role of the current PI? | <input type="checkbox"/> Study Co-Investigator <input type="checkbox"/> No longer study personnel |
| S/he has completed Human Subjects Training: | |
| <input type="checkbox"/> Purdue CITI Training | – Attach certification Exp: |
| <input type="checkbox"/> CITI Training through another institution → Attach certification → Identify institution | |
| → Expiration Date | |
| <input type="checkbox"/> Other Training – Attach Certification → Attach certification → Identify institution | |
| → Expiration Date | |
| Have any study documents (e.g., consent forms, information sheets, recruitment materials, etc.) changed to reflect new personnel or remove previous personnel? <input type="checkbox"/> Yes – Attach revised documents with amendment No | |
| Does s/he have a significant financial interest or any other known conflict of interest in this study? | |

PRINCIPAL INVESTIGATOR'S ASSURANCE

By submitting this Request, I give my assurance that the information supplied in this form and attachments are complete and correct. I have read the **Researcher Responsibilities** and will conduct this research in accordance with these requirements. I will close this study with the IRB as soon as the study is complete. If I leave Purdue before the three-year record keeping requirement has passed, my regulatory file for this study will be left with a records custodian whose identify will be made known to the IRB.

Submit this form and attachments to the Human Research Protection Program office electronically via CoeusLite.