**IRB Number**

**Responsible Project Investigator:**

**Project Title:**

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Submitting with Initial New Protocol Application

Changing research team, date of submission

List all investigators engaged in the research study, including those from other institutions. Include all persons who will be 1) directly responsible for the project’s design or implementation, 2) recruitment, 3) obtain informed consent, 4) involved in data collection, data analysis, or follow-up.

Collaborators, outside consultants, and all graduate and undergraduate students should be listed if they will be responsible for these activities. Include all investigators named on grant proposals who will be engaged in human subjects’ research.

Note: Changes made to the Responsible Project Investigator require a revised New Protocol application and amendment form.

Please copy and paste text fields to add additional researcher team members.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | First Name: | | Academic Degree(s): | | | |
| Dept. or Unit: | | | | Office Address: | | | |  | |
| Street Address: | | | | City: | | | State: | | Zip Code: |
| Phone: | | |  | | E-mail: | | | | |
| Affiliation: | | SCNM Faculty  Academic Professional/Staff  Grad Student  Undergrad Student  Visiting Scholar, or  Non-SCNM campus Affiliate of (Institution): | | | | | | | |
| Training | | NIH Human Subjects Training, Date of Completion,  Additional training, Date of Completion[[1]](#footnote-1), | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | First Name: | | Academic Degree(s): | | | |
| Dept. or Unit: | | | Office Address: | | | |  | |
| Street Address: | | | City: | | | State: | | Zip Code: |
| Phone: | |  | | E-mail: | | | | |
| Affiliation: | SCNM Faculty  Academic Professional/Staff  Grad Student  Undergrad Student  Visiting Scholar, or  Non-SCNM Affiliate of (Institution): | | | | | | | |
| Training | NIH Human Subjects Training, Date of Completion,  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

**INVESTIGATOR ASSURANCES**

I certify that the information supplied on this form is complete and correct and that new members of the research team will not engage in research until IRB approval has been obtained.

Responsible Project Investigator ­ Date

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| For Office Use Only |

Additional training may be required depending on subject populations or types of research. These include: (i) research enrolling children; (ii) research enrolling prisoners; (iii) FDA regulated research; (iv) data collected via the internet; (v) research conducted in public elementary/secondary schools; and, (vi) researchers conducted in international sites

1. [↑](#footnote-ref-1)