

APPENDIX O

Change in Study Personnel

OSU PROTOCOL NUMBER

2004B0112

Complete this form to add or delete any OSU Co-Investigators or key personnel on the research study. Signatures are required for the addition of all Co-Investigators. Do not list external Co-Investigators on this form. All OSU investigators and key personnel must complete the required web-based course (CITI) in the protection of human research subjects prior to IRB review. See <http://orrrp.osu.edu/irb/training/citi.cfm> or contact ORRP for more information.

As applicable, provide the currently approved materials (marked as “current”), and the revised materials, one copy with change(s) tracked (or underlined) and one copy with change(s) incorporated (clean). All materials should be submitted single sided.

To request changes in study personnel before the next continuing review, include the “Amendment/Changes to Research” form found at <http://orrrp.osu.edu/irb/amend/index.cfm>.

Section 1: Add CO-INVESTIGATORS

As Co-Investigator, I agree to comply with all policies and procedures of The Ohio State University and federal, state, and local laws and guidance regarding the protection of human subjects in research, as well as with professional practice standards and generally accepted good research practice guidelines for investigators.

Name (Last, First, MI):

Degree(s):

University Academic Title:

College (TIU):

Department Name (TIU):

Phone:

Department # (TIU):

E-mail:

OSU ID Number (8 digits):

Signature of Co-Investigator_____
Date_____
Printed name of Co-Investigator

Name (Last, First, MI):

Degree(s):

University Academic Title:

College (TIU):

Department Name (TIU):

Phone:

Department # (TIU):

E-mail:

OSU ID Number (8 digits):

Signature of Co-Investigator_____
Date_____
Printed name of Co-Investigator

Name (Last, First, MI):

Degree(s):

University Academic Title:

College (TIU):

Department Name (TIU):

Phone:

Department # (TIU):

E-mail:

OSU ID Number (8 digits):

Signature of Co-Investigator_____
Date_____
Printed name of Co-Investigator

Section 2: Add KEY PERSONNEL

Name (Last, First, MI):	Yang, Chunsheng	University Title:	Graduate student
Department Name:	Dept. of East Asian Lang & Lit	OSU ID Number (8 digits):	05153017
E-mail:	yang.1067@osu.edu	Phone:	614-271-5018

Name (Last, First, MI):	University Title:
Department Name:	OSU ID Number (8 digits):
E-mail:	Phone:

Name (Last, First, MI):	University Title:
Department Name:	OSU ID Number (8 digits):
E-mail:	Phone:

Name (Last, First, MI):	University Title:
Department Name:	OSU ID Number (8 digits):
E-mail:	Phone:

Section 3: Delete CO-INVESTIGATORS and KEY PERSONNEL

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel

Name (Last, First, MI):	<input type="checkbox"/> Co-Investigator
Department Name:	<input type="checkbox"/> Key Personnel