

IRB #:
Principal Investigator:

DATE:

STUDY PERSONNEL LIST

Identify other STUDY personnel assisting in research project (**attach additional sheets if necessary**). (In the space provided, specify which personnel are authorized by the principal investigator to obtain informed consent.)

NOTE: Study personnel are required to receive human research protection training before implementing any research procedures (e.g., [CITI](#), online training at ETCH.com). For information about mandatory training requirements for study personnel, visit ETCH web <https://www.etch.com/About-Us/Institutional-Review-Board.aspx> or contact ETCH IRB at 865-541-8290.

If you are using this sheet to request changes in study personnel (SP) that have not been previously reported to the IRB, please include with your Amendment Request a current list of **all** study personnel, denoting the changes.

*If the research is being completed to meet academic requirements, the faculty advisor is also considered study personnel.

A) Study personnel assisting in research project:

ETCH Affiliated individuals assisting in research project as study personnel:	NON- ETCH Affiliated individuals assisting in research project as study personnel [see Research Description to provide a description of the role of these personnel]. (Note that phone # and e-mail address(s) are being requested for data matching/identification purposes and access to that data will be limited to staff working under the auspices of the ETCH IRB Office of the Research.)		
Name, Rank/Degree: _____	First Name: _____	Middle Name: _____	Last Name: _____
Responsibility in Project : _____	Rank/Degree: _____	Primary Phone: _____	
E-mail address: _____ (e.g., jdoe4@etch.com): _____	Responsibility in Project: _____ E-mail address(s): _____		
Authorized to Obtain Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Obtain Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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