|  |
| --- |
| **For Listing Additional Researchers who are Involved in the Project** |
| **All forms must be typewritten and submitted via email to irb@illinois.edu.** |

|  |
| --- |
| **When to use this form:** If there are collaborating researchers participating in a research study, including those from other institutions, complete this form by listing all collaborating researchers. Include all persons who will be: 1) directly responsible for project oversight and implementation, 2) recruitment, 3) obtaining informed consent, or 4) involved in data collection, analysis of identifiable data, and/or follow-up. **Please copy and paste text fields to add additional research team members.**  Note:   * Changes made to the Principal Investigator require a revised [Protocol Form](https://oprs.research.illinois.edu/forms-templates/forms/protocol-form) and an [Amendment Form](https://oprs.research.illinois.edu/forms-templates/forms/amendment-form). * A complete Research Team form with all research team members included needs to be submitted every time the research team is updated. |

**Section 1. PROTOCOL INFORMATION**

|  |
| --- |
| **1A. Principal Investigator:** |
| **1B. Protocol Number:** |
| **1C. Project Title:** |

**Section 2. ADDITIONAL INVESTIGATORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | **Degree:** | | **Dept. or Unit:** |
| **Professional Email:** | | **Phone:** | |
| **Campus Affiliation:**  University of Illinois at Urbana-Champaign  Other, *please specify*:  **Campus Status:**  Faculty  Academic Professional/Staff  Graduate Student  Undergraduate Student  Visiting Scholar  Other, *please specify*: | | | |
| **Training:**  Required CITI Training, **Date of Completion** (valid within last 3 years):  Additional training, **Date of Completion:** | | | |
| **Role on Research Team (check all that apply):**  Recruiting  Consenting  Administering study procedures  Handling identifiable data  Other, *please specify*: | | | |
| **If administering biomedical study procedure (e.g., blood draws, scans, etc.), please specify the procedure(s):** | | | |
| **This researcher should be copied on OPRS and IRB correspondence.** | | | |
| **This researcher is no longer an active research team member.** | | | |
| **Date added to research team:**       **Date removed from research team:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | **Degree:** | | **Dept. or Unit:** |
| **Professional Email:** | | **Phone:** | |
| **Campus Affiliation:**  University of Illinois at Urbana-Champaign  Other, *please specify*:  **Campus Status:**  Faculty  Academic Professional/Staff  Graduate Student  Undergraduate Student  Visiting Scholar  Other, *please specify*: | | | |
| **Training:**  Required CITI Training, **Date of Completion** (valid within last 3 years):  Additional training, **Date of Completion:** | | | |
| **Role on Research Team (check all that apply):**  Recruiting  Consenting  Administering study procedures  Handling identifiable data  Other, *please specify*: | | | |
| **If administering biomedical study procedure (e.g., blood draws, scans, depression index, etc.), please specify the procedure(s):** | | | |
| **This researcher should be copied on OPRS and IRB correspondence.** | | | |
| **This researcher is no longer an active research team member.** | | | |
| **Date added to research team:**       **Date removed from research team:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | **Degree:** | | **Dept. or Unit:** |
| **Professional Email:** | | **Phone:** | |
| **Campus Affiliation:**  University of Illinois at Urbana-Champaign  Other, *please specify*:  **Campus Status:**  Faculty  Academic Professional/Staff  Graduate Student  Undergraduate Student  Visiting Scholar  Other, *please specify*: | | | |
| **Training:**  Required CITI Training, **Date of Completion** (valid within last 3 years):  Additional training, **Date of Completion:** | | | |
| **Role on Research Team (check all that apply):**  Recruiting  Consenting  Administering study procedures  Handling identifiable data  Other, *please specify*: | | | |
| **If administering biomedical study procedure (e.g., blood draws, scans, etc.), please specify the procedure(s):** | | | |
| **This researcher should be copied on OPRS and IRB correspondence.** | | | |
| **This researcher is no longer an active research team member.** | | | |
| **Date added to research team:**       **Date removed from research team:** | | | |