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

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| **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.
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**Section 1. PROTOCOL INFORMATION**

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

**Section 2. ADDITIONAL INVESTIGATORS**

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| **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:**       |

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| **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:**       |

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| **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*:       |
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| **Date added to research team:**       **Date removed from research team:**       |