**A red circle with white text and columns

Description automatically generatedThe University of Mississippi**

**Office of Research and Sponsored Programs**

***Division of Research Integrity Security and Compliance – Institutional Review Board***

**100 Barr Hall – University, MS 38677**

[**irb@olemiss.edu**](mailto:irb@olemiss.edu)

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| Request to Amend Personnel on an IRB Protocol | |
| **Protocol Number:** | **Principal Investigator(s):** |
| **Title:** |  |
| **Personnel Deleted:** |  |
|  | |
| Attach [Appendix A](http://www.research.olemiss.edu/irb-forms) if more room is needed for adding Personnel   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Personnel Added: All personnel listed here must complete CITI training before this amendment will be processed** | | | | | | | | UM Personnel | | | | | | | | PERSONNEL NAME | **PERSONNEL EMAIL (REQUIRED) \*** | FACULTY  **OR STAFF** | GRADUATE  **STUDENT** | UNDERGRAD  **STUDENT** | | ROLE ON PROJECT | |  |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  | | Non-UM Personnel | | | | | | | | NAME (and email) | Institution | | ROLE ON PROJECT | | Human Subjects Research Training Completed\* (List and attach description or certificate) | | |  |  | |  | |  | | |  |  | |  | |  | | |  |  | |  | |  | |   **\*Only needed if ‘key’ personnel, (i.e., research staff responsible for the design of the study and all those who come in contact with human participants and/or identifiable data)** | |

By checking this box, I certify that the information provided in the amendment is complete and correct. As Principal Investigator, I have the responsibility for the protection of the rights and welfare of the human participants, conduct of the research, and the ethical performance of the project. **DATE:**

**Is the PI a student?**

No

Yes (provide Advisor’s email for cc of approval notice: )

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| **For IRB office use *only*:**  **APPROVED:** **This signifies notification of IRB APPROVAL of the amendment described above.**    **IRB REVIEWER DATE**  **Personnel Amendment** |