**The 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**

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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

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| **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 |
|  |  |[ ] [ ] [ ]   |
|  |  |[ ] [ ] [ ]   |
|  |  |[ ] [ ] [ ]   |
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|  |  |[ ] [ ] [ ]   |
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| 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** |