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| List the protocol number(s) and title(s) for the protocol(s) affected by this change: |
| Number | Title |
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| PI Name: |
|  |

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| Point of Contact for this amendment: |
| Name | Phone Number | Email |
|  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name [Last name, First name, email]*Example:**Doe, Jane, doe@uthscsa.edu**To add a row – select a row, copy & paste**To remove – select the row & delete* | Are you Adding or Deleting this individual from the protocol? | Research Role *(Sub-Investigator, Coordinator, etc.)**Note: This should match Step 2-Inst, Item 38, Inst Form Item 30, Inst CT Form Item 18, or Form B-2* | Degree(s)  | US License *(specify type of license i.e., MD, RN)* | Does the individual have a potential conflict of interest? | ***Note: This column only applicable for Form B-2(s)***Research Activities to be performed by this individual*(e.g. Obtain consent, collect identifiable data, perform procedures, maintain records, etc.)* | This individual will be conducting research on the following institutional time/affiliation(s)?:*(select all that apply)* | For this study, will this individual conduct research activities, access data or store data at any of the following?:  *(select all sites that apply)**Note: this should match study sites listed in Step 1, Inst Form, or Inst CT Form* |
| [Last name, First name, email] | [ ]  Adding[ ]  Removing***(If removing, do not complete additional columns)*** |  |  |  | [ ]  Yes[ ]  No |  | [ ] UTHSA/IIA [ ] University Health[ ] Other:       | [ ] UTHSA [ ] University Health[ ] Other:       |