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

|  |
| --- |
| PI Name: |
|  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |