Inst-M

Personnel

*Submit this form with the Institutional Research Application.*

Using this form – To check the checkboxes, double-click on the box. To enter text in the text boxes, click once on the gray box and then type your response*.*

Do not include VA personnel. VA personnel should be listed on the VA Project Cover Sheet in IRBNet. No Inst-M is required for VA-only studies.

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| List the research team members (by name) who will be interacting with human subjects or accessing identifiable private information. ([Engaged in research](https://www.uthscsa.edu/vpr/services/glossary#Engaged-in-Research)) *For each individual, provide the following information*. |
| **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* | This individual will serve in **which role**? *Note: this must match the position titles listed in the institutional research application.* | **Degree**(s)  | **US License** *(specify type of license i.e., MD, RN)* | Does this individual have a conflict of interest to disclose for this study? *If Yes, attach* [Form X](https://www.uthscsa.edu/sites/default/files/Services/forms/form_x.docx) *for each person indicated* | 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 must match the study sites listed in the institutional research application.* |
| UTHSA | University Health | Other |
| [Last name, First name, email] |       |       |       |       | [ ] UTHSA/IIA [ ] University Health[ ] Other:        | [ ]  | [ ]  | [ ] Specify:        |
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