

VA New York Harbor Healthcare System  
**Subcommittee for Human Studies (IRB)**



**ADDITION OF RESEARCH PERSONNEL FORM**

NAME OF PRINCIPAL INVESTIGATOR:

STUDY COORDINATOR/CONTACT PERSON: (All Correspondence will be sent to this person)

E-MAIL ADDRESS:

MIRB ID.

DATE:

TELEPHONE#:

Study Abbreviated Title:

NAME	SALARY SOURCE (e.g. VA-Paid, IPA, WOC or Volunteer)	ROLE IN RESEARCH	TYPE OF SUPERVISION TO BE PROVIDED BY PI DURING THE STUDY	CHECK					
				A	B	C	D	E	F

**Please Check All Columns that Applies:**

**A:** Individual will be obtaining informed consent.

**B:** Individual has completed ALL Research Mandatory Trainings. Attach Certificates.

**C:** Individual has a Research Financial Conflict of Interest (COI) statement completed. Attach completed COI

**D:** Individual has a Scope of Practice.

**E:** Individual has completed ALL credentialing (VET-PRO) requirements for Research.

**F:** Individual has received Clearance Letter from Human Resources (HR). Attach HR clearance letter.

*Note: No one is allowed to participate in any research activities without the completion of the above requirements and approvals from IRB and R&D Committees.*

**INFORMED CONSENT FORM**

Does the addition of the new individual to the research team require a change to the informed consent form? YES  NO

If **YES**, please attached two copies of the revised informed consent form, one with the changes highlighted and one clean copy for the IRB approval stamp.

**REQUIREMENT VERIFICATION:** *The final written authorization for a new individual to begin work on this study will be issued by the ACOS from the R&D Service.*