

**Driscoll Children's Hospital (DCH)  
Institutional Review Board (IRB)  
Request for Approval of Amendment to Add or Remove  
Sub-Investigator(s) and Study Personnel (s)**

**Instructions:** This form should be used to submit to the DCH IRB requests to *add or remove* sub-investigator(s) or other study personnel\* from active protocols. An updated Delegation of Authority Log and any other study documents incorporating requested changes should be submitted as usual to the DCH IRB at time of reapproval. *If* the personnel are individually named on the consent form (e.g., consenting personnel; medical back-up; etc.) an updated consent form must be submitted with this request.

*\* A separate form is available and must be used for a change in principal investigator.*

**DCH IRB Study Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title of Research**

**Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Principal Investigator (PI):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of New Sub-investigator/ Study Personnel:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of New Sub-investigator/ Study Personnel:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of New Sub-investigator/ Study Personnel:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please complete a new line for each addition or removal of study personnel :**

- **Name** – Enter the full name **and** degree of the person to be added to or removed from the study.
- **Role of Personnel** – Please identify the study role of the added or removed personnel: **Co-Investigator, Study Personnel, Correspondent or Consultant**
- **Affiliation** – Please identify whether this person is a faculty member, an employee, trainee or student. If affiliated, please identify their position. If **non-affiliated**, please identify the organization with which they are affiliated.
- **Add or Remove** – Enter ‘Add’ or ‘Remove’ as appropriate for each person being added or removed from the protocol.
- **Ability to Consent** – Check box if yes.
- **NIH Training** – Has this person completed required Human Subjects Protection Training? If not complete it through, <http://phrp.nihtraining.com/users/login.php>, please submit copies of any certificate of completion.
- **Conflict of Interest** - All investigators and individuals who are listed on the protocol are required to disclose any interests that are specific to this protocol. Do any new research personnel who are responsible for the design, conduct or reporting of this project, or any of their family members (spouse or dependent child) have an incentive or interest, financial or otherwise, that may affect the protection of the human subjects involved in this project, the scientific objectivity of the research or its integrity? Does a newly added member on the research team who is determined by you to be responsible for the design, conduct or reporting of this research have any patent (sole right to make, use or sell an invention) or copyright (exclusive rights to an original work) interests related to this research protocol? If yes to either question above, fill out Conflict of Interest form.

Name	Sub-Investigator, Study Personnel, Correspondent or Consultant?	DCH Affiliation/ non-Affiliation (identify institution)	Add or Remove (if remove stop here)	Ability to consent (check box if Yes)	Training? (check box if Yes)	Conflict of Interest (check box if Yes)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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