**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**PERSONNEL MODIFICATION APPLICATION**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: **IRBAdmin@auburn.edu** Web Address: [**http://www.auburn.edu/research/vpr/ohs**](http://www.auburn.edu/research/vpr/ohs) **Submit completed form and supporting materials as one PDF through the** [**IRB Submission Page**](https://aub.ie/irbsubmission)Handwritten forms are not accepted. Where links are found hold down the control button (Ctrl) then click the link.

**(USE THIS FORM ONLY TO REQUEST A MODIFICATION TO KEY PERSONNEL)**

 **Today’s Date:** Click or tap to enter a date.

**Principal Investigator (PI):** Click or tap here to enter text.

**AU IRB Protocol Number:** Click or tap here to enter text.

**Study Title:** Click or tap here to enter text.

**Add the following personnel**

**Please include CITI training certificates with your submission. As a reminder, CITI training must be provided for the IRB module as well as the AU RCR module.**

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| **Name:** Click or tap here to enter text. | **Degree(s):** Click or tap here to enter text. |
| **Rank/Title:** Choose Rank/TitleClick Rank/Title | **Department/School:** Choose Department/School |
| **Role/responsibilities in this project:** Click or tap here to enter text. |
| AU affiliated?[ ] Yes[ ] No If no, name of home institution:Click or tap here to enter text. |
| Plan for IRB approval for non-AU affiliated personnel?Click or tap here to enter text.  |
| Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? [ ]  Yes [ ]  No |
| If yes, briefly describe the potential or real conflict of interest:Click or tap here to enter text. |
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| **Name:** Click or tap here to enter text. | **Degree(s):** Click or tap here to enter text. |
| **Rank/Title:** Choose Rank/TitleClick Rank/Title | **Department/School:** Choose Department/School |
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| AU affiliated?[ ] Yes[ ] No If no, name of home institution:Click or tap here to enter text. |
| Plan for IRB approval for non-AU affiliated personnel?Click or tap here to enter text.  |
| Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? [ ]  Yes [ ]  No |
| If yes, briefly describe the potential or real conflict of interest:Click or tap here to enter text. |
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| --- | --- |
| Name | Role in Protocol |
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| Click or tap here to enter text. | Click or tap here to enter text. |

**Signatures
Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **Signature of Faculty Advisor (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **\*\*Note IRB approval is required before requested revisions may be implemented**