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| Logo  Description automatically generated | Institutional Review Board  **STUDY TEAM CHANGE**  **APPLICATION**  *Confidential pursuant to Idaho Code* |
| **Return to the Research Institute:**  1055 N. Curtis Road  Boise, ID 83706  (208) 367-8897  (208) 367-8386  [sahslocalirb@saintalphonsus.org](mailto:sahslocalirb@saintalphonsus.org) |



***Instructions:***

*This application is for the addition or removal of study team members for a previously approved study. Application must be typed and complete.**If the change effects any of the approved documents and/or if there is a change in Principle Investigator, an AMENDMENT APPLICATION must be submitted with the affected documents. For this form and additional resources, visit the IRB website:* <https://www.saintalphonsus.org/services/research-institute/institutional-review-board/forms-and-resources>

**Date of Application:** Click here to enter a date.

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

**IRB Number:** Click here to enter text.

**Sponsor and/or Granting Agency:** Click here to enter text.

**Principal Investigator** Click here to enter text.

**Removal of a Study Team Member**

**Name:** Click here to enter text.

**Role:** Click here to choose an item. **If "Other", describe:** Click here to enter text.

*To list another team member, click the plus symbol*

*or copy and paste this section*

**Addition of a Study Team Member**

**Name:** Click here to enter text.

**Role:** Click here to choose an item. **If "Other", describe:** Click here to enter text.

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| **Company:** | Click here to enter text. | **Address:** | Click here to enter text. |
| **Email:** | Click here to enter text. | | |

*To list another team member, click the plus symbol*

*or copy and paste this section*



**Additional Documents**

*Please submit the following documents along with this form:*

Financial disclosure form(s) – *for all new study team members*

Medical/professional license(s) – *for all new study team members*

Curriculum vitae – *for all new study team members*

Certificate of human research ethics training – *for all new study team members*



**Signature Page**

**Document prepared by:** Click here to enter text.

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| **Company:** | Click here to enter text. | **Address:** | Click here to enter text. |
| **Email:** | Click here to enter text. | | |

**Research Principal Investigator Statement of Integrity:**

**By signing this form, I certify that the information provided is both complete and accurate. As the principal investigator for this study, I understand that I have the ultimate responsibility to ensure protection of the rights and welfare of human subjects. I am aware that it is my responsibility to remain current of Saint Alphonsus Health System, state and federal research requirements. I agree to comply with Saint Alphonsus policy and procedure research requirements and those imposed by the Saint Alphonsus IRB, as well as any applicable Federal, State, and local laws pertaining to human research subjects.**

[Subject]

**Principal Investigator (Typed/Printed Name)**

**Principal Investigator's Signature Date**