



85 Lincoln Street, Framingham, MA 01702

Change to Investigative Site or Research Staff

Date: _____			
General Information			
1.	MWMCIRB Study Number:		
2.	Protocol Name:		
3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Site Name:</td> <td style="width: 50%;">Principal Investigator:</td> </tr> </table>	Site Name:	Principal Investigator:
Site Name:	Principal Investigator:		

Change to Study Location	
1.	Check Which Information you are updating and Include new information: <input type="checkbox"/> Change of Address (Main Site) _____ <input type="checkbox"/> Change of Address (additional site) _____ <input type="checkbox"/> Change of Phone Number _____ <input type="checkbox"/> Change of Fax Number _____
2.	Additional Location Change: <input type="checkbox"/> Additional Location (attach additional location documents) <input type="checkbox"/> Additional Location Removed <i>Name and address of location being removed</i>

Change to Research Staff			
1. Change of Principal Investigator? <input type="checkbox"/>			
1a.	Name of New PI _____ New PI Phone Number _____ New Email New PI _____ <i>*Please attach a copy of New PI CV and License</i>		
1b.	Has the principal-investigator/ ever been disciplined by a medical/licensing board, or been convicted of a crime? <i>* if yes, Attach a summary of the event and resolution</i>	<input type="checkbox"/> * Yes	<input type="checkbox"/> No
	Has the principal-investigator ever been disciplined/sanctioned by the FDA/ OHRP or by an IRB? <i>* if yes, Attach a summary of the event and resolution</i>	<input type="checkbox"/> * Yes	<input type="checkbox"/> No
	Does the principal-investigator have a significant financial interest or Non-financial conflict of interest in this study? <i>*if yes, Provide a detailed explanation</i>	<input type="checkbox"/> * Yes	<input type="checkbox"/> No



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2. Additional Staff (Please refer to checklist below for supporting submission documents)			
<input type="checkbox"/> Additional Sub-I		<input type="checkbox"/> Additional Research Staff	
2a.	Will Individual be obtaining Consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Additional Sub Investigator or Research Staff : _____ Summary of Qualifications: Name: _____ <input type="checkbox"/> CV attached:			
2b.	Has the sub-investigator ever been disciplined by a medical/licensing board, or been convicted of a crime? <i>* If yes, attach a summary of the event and resolution</i>	*Yes <input type="checkbox"/>	No <input type="checkbox"/>
2c.	Has the sub-investigator ever been disciplined/sanctioned by the FDA/ OHRP or by an IRB? <i>* If yes, attach a summary of the event and resolution</i>	*Yes <input type="checkbox"/>	No <input type="checkbox"/>
2d.	Does the sub-investigator have a significant financial interest or non- financial conflict of interest in this study? <i>* If yes, provide a detailed explanation</i>	*Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Removal of Study Staff _____	
3a.	Name of individual(s) no longer working on the study: _____

Informed Consent	
1.	<input type="checkbox"/> Revised consent with above information updated <input type="checkbox"/> Revised consent form not required

I certify that the information included in this report and its attachments is correct:



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Name of Person Completing Form (contact person for questions):	
Name:	
Title:	
Phone Number:	
Email Address:	

PI Signature: _____ Dare: _____

PLEASE EMAIL COMPLETED FORMS AND REQUIRED DOCUMENTS TO MWMCIRB@mwmc.com you will receive an acknowledgement once all required information has been submitted.

	INCLUDE THE FOLLOWING WITH ALL SUBMISSIONS
	Current CV of New Research Staff
	Evidence of Human Subject Protection Training (CITTI, NIH or equivalent)
	Current license of New Research Staff if applicable
	Copy of Revised consent if applicable
	Signed Financial Disclosure if new PI or Sub-I (if applicable)
	Additional information requested in application