**Research Team Form**

**Submission Date:** Click or tap here to enter text.

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| **When to use this form:** Please list all research team members (other than the PI and student investigator), including collaborators from outside NU where NU will be the reviewing IRB[[1]](#footnote-2).  Include all persons who will be: 1) directly responsible for project oversight and implementation, 2) recruitment, 3) obtaining informed consent, or 4) involved in data collection, analysis of identifiable data, and/or follow-up. **Please copy and paste text fields to add additional research team members.**  Note:   * Changes made to the Principal Investigator require a revised protocol application form and modification form. * A complete Research Team form with all research team members included needs to be submitted every time the research team is updated. * Please submit the form to: [IRBReview@northeastern.edu](mailto:IRBReview@northeastern.edu) |

**PROTOCOL INFORMATION**

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| **Principal Investigator:** Click or tap here to enter text. |
| **Student Investigator [if applicable]:** Click or tap here to enter text. |
| **IRB Number [if available]:** Click or tap here to enter text. |
| **Protocol Title:** Click or tap here to enter text. |

**ADDITIONAL INVESTIGATORS**

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| **Full Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |
| **Campus Affiliation:**  Northeastern University  Other, *please specify and indicate whether or not there is a collaboration agreement in place*: Click or tap here to enter text.  **Campus Status:**  Faculty/Staff  Student: Graduate or Undergraduate  Other, *please specify*: Click or tap here to enter text.  **Dual Appointments:** does the investigator also have any non-NU appointments at any other universities, hospitals, or other institutions that conduct research?  No other appointments or positions  Has one or more other appointment(s) or position(s). Please explain the position and how the position might or might not relate to this research project: Click or tap here to enter text. |
| **Training:**  Required CITI Training, **Date of Completion** (valid within last 3 years): Click or tap here to enter text.  Additional training, **Date of Completion:** Click or tap here to enter text. |
| **Role on Research Team (check all that apply):**  Recruiting  Consenting  Administering study procedures  Handling identifiable data  Other, *please specify*: Click or tap here to enter text. |
| **Date added to research team:** Click or tap here to enter text.  **Date removed from research team:** Click or tap here to enter text. |
| **Conflicts of Interest**  Does this individual (or any of their immediate family members) have a financial interest or fiduciary relationship with the research sponsor?  Yes No  Click or tap here to enter text.  Does this individual (or any of their immediate family members) have a financial interest or fiduciary relationship that is related to the research?  Yes No  Click or tap here to enter text. |

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| **Full Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |
| **Campus Affiliation:**  Northeastern University  Other, *please specify and indicate whether or not there is a collaboration agreement in place*: Click or tap here to enter text.  **Campus Status:**  Faculty/Staff  Student: Graduate or Undergraduate  Other, *please specify*: Click or tap here to enter text.  **Dual Appointments:** does the investigator also have any non-NU appointments at any other universities, hospitals, or other institutions that conduct research?  No other appointments or positions  Has one or more other appointment(s) or position(s). Please explain the position and how the position might or might not relate to this research project: Click or tap here to enter text. |
| **Training:**  Required CITI Training, **Date of Completion** (valid within last 3 years): Click or tap here to enter text.  Additional training, **Date of Completion:** Click or tap here to enter text. |
| **Role on Research Team (check all that apply):**  Recruiting  Consenting  Administering study procedures  Handling identifiable data  Other, *please specify*: Click or tap here to enter text. |
| **Date added to research team:** Click or tap here to enter text.  **Date removed from research team:** Click or tap here to enter text. |
| **Conflicts of Interest**  Does this individual (or any of their immediate family members) have a financial interest or fiduciary relationship with the research sponsor?  Yes No  Click or tap here to enter text.  Does this individual (or any of their immediate family members) have a financial interest or fiduciary relationship that is related to the research?  Yes No  Click or tap here to enter text. |

1. *Non-exempt research that has external collaborators covered by the NU IRB via an IIA or IAA. See the* [*Reliance Website*](https://hsrp.research.northeastern.edu/irb-reliance/) *for details.*  [↑](#footnote-ref-2)