**NU Relying:  
Research Team Form**

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

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| **When to use this form:** Please list all Northeastern affiliate research team members working on a project where NU is deferring review to another IRB.  Include all NU affiliated individuals 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:   * An updated Research Team Form with all research team members included needs to be submitted every time the NU research team is updated. * Please submit the form and any updated forms to: [IRBReliance@northeastern.edu](mailto:IRBReliance@northeastern.edu) |
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**PROTOCOL INFORMATION**

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

**INVESTIGATORS (add a copy for each NU investigator; include the NU PI below)**

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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*: 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. |
| **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. |
| **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. |