**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
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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. |