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| **Section I: Types of Changes of Research** |
| For one or more of the changes of research below, investigators/study teams must obtain OSF Research Administration permission PRIOR to submission for IRB review/approval OR PRIOR to implementation/initiation of changes that have already received IRB approval. To request permission, complete this form electronically and email it along with **all related documents** to OSF Research Administration. Multiple changes for a single study may be requested on one form. **Research Administration will not accept this form unless completed according to instructions.** For changes not listed below, consult the OSF [Ministry Research Administration Project Permission Policy](https://x.osfhealthcare.org/patients-visitors/clinical-research/investigators-coordinators/forms-templates-policies). Not every change requires OSF Research Administration review/permission before submission to the IRB of record or implementation. For assistance, contact the OSF Research Administration office via email or phone at 309-624-7553. Visit the [OSF HealthCare Research website](https://www.osfhealthcare.org/research/) for further information on OSF procedures, forms, policies, templates, and training requirements.Select all that apply:[ ]  Change of Principal Investigator (PI) * Include department approval and sponsor approval when applicable
* Complete **Sections II, III & IV**

 [ ]  Change of research personnel: * ADDITION of Research Personnel: Complete **Sections II & IV**
* REMOVAL of Research Personnel: Notify OSF Research Administration via email

 [ ]  Modifications to protocol with financial or contractual implications (e.g., billing or tests/procedures) * Include updated documents as applicable
* This may include coverage analysis, contract, protocol, informed consent, and funding sheet/budget materials
* Complete **Section II**

 [ ]  Modifications to coverage analysis, contract, or budget * Include updated documents as applicable
* This may include coverage analysis, contract, protocol, informed consent, and funding sheet/budget materials
* Complete **Section II**

[ ]  Addition of a facility, location, or department beyond current OSF Permission* Include documentation of facility/location/department approval when applicable
* Complete **Sections II & V**

[ ]  Change to IRB of Record or IRB Reliance Agreement* Include copy of relevant IRB notification or current reliance agreement if applicable
* Complete **Sections II & VI**

[ ]  Modifications to informed consent(s) specific to pregnancy or reproductive risk when PIRB is not IRB of record* Include updated site-specific informed consent(s) with tracked changes as applicable
* Complete **Section II**

 [ ]  Addition of a new informed consent document(s) when PIRB is not IRB of record* Include site-specific informed consent(s) and updated protocol with tracked changes as applicable
* Complete **Section II**
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| **Section II: General Information** |
| **1. Current PI Name:**       |
| **2. Current PI Email:**       |
| **3. Project/Protocol Title and/or Number:**        |
| **4. IRB of Record:**       |
| **5. Submitter/Study Contact Name (if not PI):**  |
| **6. Submitter/Study Contact Email (if not PI):**  |
| **7. Description & Reason for Change (brief summary):**       |
| **Section III: New Principal Investigator Information** |
| **1. Proposed New PI Information:** |
| **a. Name:**       | **b. Title:**       |
| **c. Email:**       | **d. Phone:**       |
| **e. Employing Institution:**       |  **f. Employing Department:**        |
| **g. Download, complete, and submit OSF** [**Research Significant Financial Interest Disclosure Form**](https://x.osfhealthcare.org/patients-visitors/clinical-research/investigators-coordinators/forms-templates-policies) **(RSFIDF). if PI is OSF employed. Non-OSF employed PI should submit with this application conflict of interest (CoI) documentation required by** **employing institution. (NOTE: If PI’s institution does NOT require formal submission of CoI documentation, then complete the OSF RSFIDF and submit with this application.)****h. Is the PI a Resident, Fellow, or Nurse?** [ ]  No [ ]  Resident [ ]  Fellow [ ]  Nurse |
| **i. Reason for Current PI Leaving Project:**       |
| **NOTE:** If there are questions about the new PI having the appropriate hospital privileges for the research, contact the OSF Credentialing Verification Office at 309-308-5050. |
| **Section IV: New Research Personnel Information** |

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| **1. List in the table below all new personnel (including** **new Principal Investigator) involved in conducting the research study. Involvement in conducting the research study includes one or more of the following:** * Providing substantial and/or substantive contributions to study conceptualization and/or design;
* Obtaining information about living individuals by intervening or interacting with them for research purposes;
* Obtaining identifiable private information about living individuals for research purposes;
* Obtaining the voluntary informed consent of individuals to be subjects in research;
* Accessing, studying, interpreting, or analyzing identifiable private information or data for research purposes;
* Reporting research study results

NOTE: For assistance with determining who needs to be added to the study team, contact the Human Subject Protection Program (HSPP) team.**2. For EACH person listed, CITI training must be completed before this form can be submitted:** · Refer to the [“Education & Training” webpage](https://www.osfhealthcare.org/patients-visitors/clinical-research/investigators-coordinators/education-training) for additional information. |
| **3. For EACH OSF employed person listed, download, complete, and submit OSF** [**Research Significant Financial Interest Disclosure Form**](https://x.osfhealthcare.org/patients-visitors/clinical-research/investigators-coordinators/forms-templates-policies) **(RSFIDF). Non-OSF employed personnel should submit with this application conflict of interest (CoI) documentation required by** **employing institution. (NOTE: If other employing institution(s) does/do NOT require formal submission of CoI documentation, then complete the OSF RSFIDF and submit with this application.)****NOTE: If referencing below the “Delegation of Authority Log” (DoA Log), then you should provide a copy of the DoA Log.** |

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| **Name** | **Email Address** | **Employer** | **Role in Study** | **Responsibilities/Tasks** | **Listed on FDA Form 1572?** |
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| **Section V: New Facility/Location/Department Information** |
| **1. List all new facilities/locations/departments:**        |
| **Section VI: New IRB Information** |
| 1. **Proposed new IRB of record:**
2. **Information about Reliance Agreement:**
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