

PERSONNEL ON A RESEARCH PROJECT

Volunteer Information

FIRST NAME

LAST NAME

DEGREE

BIRTH DATE

PHONE NUMBER

E-MAIL ADDRESS

LAST 4 of SSN

GENDER

Volunteer's Signature

Signature	Date

Research Project and Assignment – To be Completed by the PI

CCHHS PI

FIRST NAME

LAST NAME

DEPARTMENT

PHONE NUMBER

E-MAIL ADDRESS

EMPLOYEE ID

BUSINESS UNIT ID

Research Project

TITLE

IRB Number

Individual's RESPONSIBILITIES

By signing below, I, as the PI, attest that I take responsibility for this volunteer and will ensure they will complete the required IRB training after they have completed orientation and will submit an amendment adding the volunteer to the study before they begin any research at CCHHS.

Approval of CCHHS Principal Investigator

Print Name	Signature	Date

Approval of CCHHS Department Head or Chair

Print Name	Signature	Date

Approval of CCHHS Research Affairs

Print Name	Signature	Date