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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](mailto:osf.clinicalresearch@osfhealthcare.org?subject=New%20Research%20Application). 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 Research Administration [Change of Research Policy](https://www.osfhealthcare.org/research/investigators-coordinators/changes/). 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](mailto:osf.clinicalresearch@osfhealthcare.org?subject=Research%20Application%20Questions) office via email or phone at 309-624-7556. 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**     Addition of research personnel   * Complete **Sections II & IV**   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 existing OSF Permission   * Include 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** | |
| **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. Is the PI a Resident, Fellow or Nurse?**  No  Resident  Fellow  Nurse | |
| **h. 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 all new personnel (including new Principal Investigator) involved in conducting the research:**   * 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; * Studying, interpreting, or analyzing identifiable private information or data for research purposes; and/or   **2. For EACH person listed, CITI training must be completed before this form can be submitted:**  • Refer to the [CITI Training Instructions](https://www.osfhealthcare.org/filer/canonical/1496498314/5644/) for additional information. |
| **3. For EACH person listed, provide the following information:**  • Do you hold any financial interest (e.g., receiving payment for study services, investments, ownership, etc.) that  could influence your work or that could be influenced by the outcomes of this particular research study?  (Answer YES or NO in the field titled, “COI?”)  • If “Yes,” then describe the financial interest (e.g., type of financial interest, amount, etc.) |

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| **Name** | **Employing Institution** | **COI?** | **Description of COI** |
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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:** |