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| **Section I: Instructions** | | | |
| **1.** Permission by OSF Research Administration is required prior to IRB submission for the following changes:  Modifications to research contract, budget, or billing/test & procedures **>** Complete **Section II**  Change of Principal Investigator (PI) **>** Complete **Sections II & III**  Addition of personnel involved in the research whose employer is not party to an existing agreement, or where Peoria IRB is not the IRB of Record **>** Complete **Sections II & IV**  Addition of facility/location/department from existing OSF Permission **>** Complete **Sections II & V**  Change to IRB of Record or IRB Reliance Agreement **>** Complete **Sections II & VI** | | | |
| **2.** To request permission for the change(s), complete this form electronically and email it and all required documents to [OSF Research Administration](mailto:osf.clinicalresearch@osfhealthcare.org?subject=New%20Research%20Application). Multiple changes may be requested on one form. If there are questions regarding this form, contact the [OSF Research Administration](mailto:osf.clinicalresearch@osfhealthcare.org?subject=Research%20Application%20Questions) office via email or phone at 309-624-7556. | | | |
| **Section II: General Information** | | | |
| **1. Current PI Name:** | | | |
| **2. Project/Protocol Title and/or Number:** | | | |
| **3. IRB of Record:** | | | |
| **4. 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 | | | |
| **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** | | | |
| **1. List all new personnel involved in conducting the research whose employer is not party to an existing agreement, or where Peoria IRB is not the IRB of Record. Involvement in conducting the research includes:**  • obtaining information about living individuals by intervening/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; and  • studying, interpreting, or analyzing identifiable private information or data for research purposes. | | | |
| **Name** | **Employing Institution** | **Name** | **Employing Institution** |
|  |  |  |  |
| **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:** | | | |
| **Section VII: Checklist** | | | |
| Visit the [OSF HealthCare Research website](https://www.osfhealthcare.org/research/) for information on OSF procedures, forms, policies, templates, and training requirements. Use the following checklist to ensure that all required components of your request are addressed:  OSF Change of Research Form – All Changes  Applicable IRB Forms – All Changes  Sponsor approval (email is acceptable) – PI Change  Conflict of interest disclosure confirmation email from OSF automated system – PI Change on Federally Funded  Department, Committee and/or Facility Approvals – PI Change and/or New Facility/Location/Department  Completion of required \*CITI training – PI Change and/or New Research Personnel  \*Refer to the [CITI Training Instructions](https://www.osfhealthcare.org/filer/canonical/1496498314/5644/) for additional information. | | | |