Additional Co-investigators

Co-investigators, responsible for knowing and following the protocol, should be listed below. Include any individual who will have responsibility for the consent process, direct data collection from subjects, or follow-up.

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| --- | --- | --- | --- | --- |
| Name (Last name, First name MI): | | | Highest Earned Degree: | |
| Mailing Address: | | | Phone Number: | |
| University Department (if applicable): | | | Email: | |
| Occupational Position:  Faculty Staff Student Other: | | | | |
| Indicate the training and education completed in the protection of human subjects or human subjects records. Training is required for all research. | | | | |
| Human Subjects Training (one of these must be checked)  CITI  Other (attach documentation): | | HIPAA Training (Required if Data Contains PHI)  HIPAA | | |
|  |  | | |  |
| Co-investigator Name | Co-investigator Title | | | Date |

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| --- | --- | --- | --- | --- |
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| Co-investigator Name | Co-investigator Title | | | Date |

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| Co-investigator Name | Co-investigator Title | | | Date |

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|  |  | | |  |
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|  |  | | |  |
| Co-investigator Name | Co-investigator Title | | | Date |