



**ASSURANCE REGARDING APPROVAL OF ALL STAFF OTHER THAN A Co-I or PI
DURING A RESEARCH PROTOCOL.**

IRB #

Name of Research Study:

Name of Principal Investigator:

Names and Role of Staff Involved in Study, Date, and whether they are Joining or Leaving the Study Team:

<u>Name</u>	<u>Role on Study</u> (i.e., RA, Coordinator, Engineer, Intern, Volunteer)	<u>Date</u>	<u>Joining/Leaving</u> <u>Team</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned Principal Investigator and/or Lab Director hereby certify that all of the above named staff have been instructed in the procedure for proper consenting of participants, are CITI certified and are thoroughly familiar with the specifics of the above named research protocol, which they will be working on.

PI or Lab Director Signature

Date