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| **Use this form to report personnel who are not from UMMS or the UMass Memorial System.** **This form is for individuals who will not be given eIRB accounts.** **Visit:** [**https://www.umassmed.edu/ccts/irb/access/**](https://www.umassmed.edu/ccts/irb/access/) **to request eIRB access for UMMS/UMass Memorial students or employees.** |
| **Principal Investigator:** |       |
| **Docket Number:** |       |
| **Protocol Name/Nickname:** |       |
| **List personnel who are involved in this protocol’s design, conduct, or reporting and who interact with subjects, access their protected health information, or access private identifiable information about them. Complete each field in the row for the individual.** **Email this form and any updates to** **irb@umassmed.edu****. Use one form per protocol.** |
| **The PI is required to obtain the financial interest status of each member of the research staff. See below for definitions of “financial interest related to the research” and “immediate family.” A “yes” declaration is first reviewed by the home institution’s COI Committee. Submit a written determination from the COI Committee with this form for each “yes” answer to the financial interest question.** |
| * “Immediate Family” means spouse, domestic partner, and (their) parents, children, brothers, and sisters.
* “Financial Interest Related to the Research” means any of the following interests in the ***sponsor, product or service being tested, or competitor of the sponsor*** held by the individual or the individual’s immediate family as defined above:
	+ Ownership interest of any value including, but not limited to stocks and options, exclusive of interests in publicly-traded, diversified mutual funds
	+ Compensation of any amount including, but not limited to honoraria, consultant fees, royalties, or other income
	+ Proprietary interest of any value including, but not limited to patents, trademarks, copyrights, and licensing agreements.
	+ Board or executive relationship, regardless of compensation
	+ Reimbursed or sponsored travel by an entity other than a federal, state, or local government agency, higher education institution or affiliated research institute, academic teaching hospital, or medical center
 |
| Name | Role(Must match a role listed in the Investigator Study Plan) | Name of Home Institution/Organization | How UMMS IRB has oversight (e.g., reliance agreement in place, registered with Volunteer Services, paid by UMMS, part of Summer Undergraduate Research Opportunity) | Involved in consent? | Financial Interest Related to the Research? |
|       |       |       |       | Choose an item. | Choose an item. |
| Name | Role(Must match a role listed in the Investigator Study Plan) | Name of Home Institution/Organization | How UMMS IRB has oversight(e.g., reliance agreement in place, registered with Volunteer Services, paid by UMMS, part of Summer Undergraduate Research Opportunity) | Involved in consent? | Financial Interest Related to the Research? |
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