



10Jul2012

## Office of Research Administration Personnel Confirmation Form

**Instructions:** Personnel that are involved in a clinical research study, are listed as an **IRB-Approved study team member** and need to attain a new badge or update an expired badge, please complete this form. Email completed form to [research@gmh.edu](mailto:research@gmh.edu). Allow 24 hours for response. Please write legibly. Any omitted information may delay a response.

**Study Team Member:** \_\_\_\_\_

**Study Team Member Email:** \_\_\_\_\_

**Study Team Member Phone:** \_\_\_\_\_

**Study Team Member Role in Study:** \_\_\_\_\_

**IRB#:** \_\_\_\_\_

**Title of Study:** \_\_\_\_\_

**Principal Investigator/Designee:** \_\_\_\_\_

**Principal Investigator/Designee Email:** \_\_\_\_\_

**Principal Investigator/Designee Phone:** \_\_\_\_\_

### **Acknowledgment**

My signature below attests to the fact that I have read, understand and agree to all the above information.

**Principal Investigator/Designee Signature:** \_\_\_\_\_

### **Office of Research Administration Use Only**

**Corrective Action Needed:**

**Additional Comments:**

**ORA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_