

## Change of Principal Investigator

**Instructions:** Please read and complete all sections carefully. Any missing or inconsistent information may result in a delay of your submission. Please fill in all sections exactly as you would like them to appear on all documents.

<b>Sponsor:</b>	<b>Protocol #:</b>
Current P.I.'s Name:	

<b>Applying P.I.'s Name:</b>		
Medical License #(s):	State(s):	Expiration Date(s):

### Primary Research Facility

Will the applying P.I. be conducting research at the previously approved research facilities? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "Yes," please proceed to the next section. If "No," please fill in the information for the new primary research facility.			
How will the P.I. ensure that currently enrolled subjects will be able to get to the new primary research facility?			
Site Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax:		
Website (if available):			
Will additional Facilities be used in the conduct of this research? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "Yes," please complete the Additional Facility Form.			
Is the primary research facility under the jurisdiction of another IRB? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "Yes," please complete the IRB Waiver.			
Is the P.I. and/or research staff available to participants on a 24-hour basis? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Is this primary research facility equipped to handle emergencies? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
How close is the nearest emergency facility? What is the name of this facility?			
What is the approximate demographic population of your community?			
Please fill in all blanks below with percentage values.			
____%: Male	____% : Caucasian	____% : African Descent	____% : Asian
____%: Female	____% : Middle Eastern	____% : Pacific Islander	____% : Latino
Age:	____% : Native American	____% : Other	
____%: 0-17 yrs.			
____%: 18-64 yrs.			
____%: 65+ yrs.			

**Conflict of Interest:**

Does the P.I., the P.I.'s immediate family, the study staff or the study staff's immediate family have a relationship with the study sponsor or other study related entities that could be considered a Conflict of Interest as defined in 21 CFR 54?

Yes  No

**IRB Contact Person:**

Has the IRB Contact Person changed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," please proceed to the next section. If "Yes," who will be responsible for communication with Compass IRB?		
Name:	Title:	
Business Name:		
Is this contact at the same address as the P.I.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please fill in the information below.		
Should IRB correspondence be sent to the address below?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	
Email:		
If the person listed above is not the Study Coordinator, please provide the Study Coordinator's name:		
Will any member(s) of the staff other than the P.I., the IRB Contact Person and/or the Study Coordinator be submitting documents to the IRB?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please list the names of those staff members:		

**Sponsor Approval**

Has this requested P.I. change been approved by the Sponsor/CRO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," please get Sponsor approval prior to submitting or explain why approval has not been received.	
**Please provide Compass IRB with a copy of the written documentation from the Sponsor/CRO pertaining to this P.I. change.	

### Resources

How long has the P.I. been conducting clinical research? _____ years _____ months
How many open research studies does the P.I. have? _____
Number of research personnel overseen by the P.I.: _____
Number of research facilities overseen by the P.I.: _____
Approximate number of active research subjects: _____
Has the P.I. and his/her staff had training in human research protection? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Information about the Principal Investigator:

If any of the below questions are answered "Yes." Please attach appropriate supporting documentation	
Has the site or any investigator been audited by the FDA in the last three (3) years? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the P.I. ever received an FDA 483 or Warning Letter? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the P.I. ever had his/her license suspended or revoked? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the P.I. had any other professional sanctions? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your professional opinion is the community attitude towards research positive? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Informed Consent

Please list the P.I.'s contact info as it should appear in the Informed Consent.	
Phone Number: _____	
Emergency (After Hours) Number: _____	
Pager Number: _____	
Please list the names of those staff members that may be presenting the consent? _____	

### Translations

Will non-English speaking subjects be enrolled? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the P.I. need a translated Informed Consent? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," will you need Compass IRB to provide the translated consent? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
If so, please list language(s) needed: _____	
*Please note that if you choose to use a private translation vendor for your ICF, you <b>must</b> submit a certified translation to Compass IRB for review and approval prior to using for the consent of non-English speaking subjects.	

**I, <<current P.I.'s name>>, hereby certify that am aware of this requested change of Principal Investigator and have had this request approved by the Sponsor/CRO of the research study.**

\_\_\_\_\_  
Current Principal Investigator Signature

\_\_\_\_\_  
Date

**Principal Investigator's Responsibility Statement**

*Please initial each line to verify your understanding of each of the following statements:*

- \_\_\_\_\_ Per GCPs and Federal Regulations, I understand that I will personally conduct or supervise this clinical study. I have read and understand the research protocol and all supporting documentation.
- \_\_\_\_\_ All research activity will be conducted according to the protocol and materials that are approved by Compass IRB. I understand that any and all changes to the approved research must be reported to Compass IRB in a prompt manner and approved by the Board prior to implementing any changes to the protocol or Informed Consent, regardless how minor, except to eliminate apparent immediate hazards to subjects.
- \_\_\_\_\_ I will promptly report any and all Unanticipated Problems and Protocol Deviations as required by Compass IRB.
- \_\_\_\_\_ The Informed Consent will be presented to all subjects by me or a qualified member of my staff. The subject will have adequate time in a private environment to read, review and consider the Informed Consent. I will inform any potential subjects that the product involved in this study is being used for investigational purposes. A member of my staff or I will be available to answer any questions or concerns they have regarding their participation in the study. All potential subjects will be given the opportunity to take the Informed Consent home to discuss their participation with friends and family before making a decision.
- \_\_\_\_\_ I also am aware that it is my responsibility to conduct research in an environment that is conducive to subject safety. With that said, I recognize that if I choose to enroll subjects that could be considered a member of a vulnerable population, I will take the appropriate extra measures to ensure that he/she is fully aware of what is involved with their participation and the potential risks associated with the research.
- \_\_\_\_\_ I agree to make myself available to all subjects, should they request to speak to me directly at any point during their participation regarding any questions or concerns they may have regarding their involvement in the study.

**I, the applying Principal Investigator, hereby certify that all the information in this document is accurate and that I am fully aware of my responsibilities with regard to the conduct of this study.**

\_\_\_\_\_  
Applying Principal Investigator's Signature

\_\_\_\_\_  
Date