



**FORM: External Team Member Information**

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This form is to be completed at initial submission, continuing review, and with any study team changes. List the name of each external research team member or study resource and their organization; indicate their role in this research; and answer the three yes/no questions. Roles typically include Co or Sub-Investigator, Study Coordinator, Data Analyst, Data Entry, Consultant or Site Contact. A Site Contact may be the person granting access to the study site or population or providing access to data or contact information.

**1. Study Information**

Study Title:	
Principal Investigator:	

**2. Names of External Team Members/Study Resource**

A. Name and Organization	B. Role(s) in this research	C. For research purposes, does this person have contact or communication with participants OR access to identifiable information?	D. Is this person involved in the consent process?	E. Does this person have a financial interest related to this research?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each person where “yes” is selected in Column 2C. or 2D., an **Individual Investigator Agreement Form (HRP-252)** must be attached. In addition, the person **must affiliate with UCF in CITI and complete the appropriate Human Subjects Research module** (Biomedical or Social/Behavioral). Note that the UCF affiliated training contains UCF specific information and must be completed regardless of an individual’s previous CITI training.

**3. Investigator Acknowledgement**

By entering your initials below, you certify that the information you have provided is complete and accurate.

Investigator Initials	Date