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| **Please provide your contact information below for our database** | | | | | | | |
| New  Updated | | | | | | | |
| **First Name** |  | | | | | | |
| **Last Name** |  | | | | | | |
| **Job Title** |  | | | | | | |
| **Department** |  | | | | | | |
| **Company** |  | | | | | | |
| **Business Phone** |  | | | | | | |
| **Cell Phone** |  | | | | | | |
| **Drexel Affiliated Email Address** |  | | | | | | |
| **Alternate Email Address** |  | | | | | | |
| **Mail Stop** |  | | | | | | |
| **Mailing Address** |  | | | | | | |
| **Role in Research** |  | | | | | | |
| **Inv**o**lved in Consent** | Yes  No | | | | | | |
|  |  | | | | | | |
| |  |  | | --- | --- | | **All personnel are required to complete a Financial Conflict of Interest Disclosure Form 1.** | | | **Form 1 (Requirement for all submissions)**  Yes  [Financial Interest Disclosure Form 1](http://drexel.edu/~/media/Files/research/administration/financial%20compliance/FCOI%20Disclosure%20Form%201.ashx" \t "_blank) | | **Any personnel acknowledging a conflict of interest in Form 1, must also complete the Financial Conflict of Interest Disclosure Form 2.**  **Form 2 - Conflict of Interest Form Included:**  Yes  No  [Financial Interest Disclosure Form 2](http://drexel.edu/~/media/Files/research/administration/financial%20compliance/FCOI%20Disclosure%20Form%202.ashx) | | | | | | | | | |
| **Name of Certification:** | | | | | **Date of Certification:** | | |
| **CITI Group Specific Certification: Group 1  2  3**  **(recertification every 3 years)** | | | | |  | | |
| *Responsible Conduct of Research (applicable to NSF grants)* | | *Date:* | *Health Information Privacy Security (HIPS) training*  \*Recertification required every 3 years | | | | *Date:* |
| GCP (Good Clinical Practice)  \*Recertification required every 3 years | | *Date:* | *Surrogate Consent (Required when using LARs to consent)* | | | | *Date:* |
| HIPAA and Medical Research (Drexel Core) | | *Date:* | HIPAA e-Security  (Drexel Core) | | | | *Date:* |
| Biological Shipment Training (annual recertification) | | | | *Date:* | | | |
| Laboratory Safety Training  (annual recertification) | | *Date:* | Bloodborne pathogen training (annual recertification) | | | *Date:* | |

|  |  |
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| **Signature Acknowledgement** | |
| By signing below you are verifying that you will conduct this Human Research in accordance with requirements in the INVESTIGATOR MANUAL (HRP-103). | |
| Signature | Date |
|  |  |