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| **Please provide your contact information below for our database** | |
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| **Mailing Address** |  |
| **Role in Research** |  |
| **Involved in Consent** | **Yes  No** |
| **All personnel are required to complete a Financial Conflict of Interest Disclosure** | |
| **Conflict of Interest Disclosure Completed:**  Yes  No  **Conflict of Interest Disclosure information, including links to training and forms may be found on the Drexel FCOI website:** [Financial Conflict of Interest (FCOI) | Office of Research & Innovation | Drexel University](https://drexel.edu/research/compliance/coi/financial-COI/) | |
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| **Mandatory Training** | | **Protocol- or Sponsor-Specific Requirements** | |
| **CITI Conflict of Interest**  *\*Recertification every 4 years* | Date: | **CITI Health Information Privacy and Security (HIPS)**  *\*Recertification every 3 years*  \*\*Required when using Protected Health Information | Date: |
| **CITI Human Subjects Research**  *\*Recertification every 3 years* | Date: | **CITI Good Clinical Practice (GCP)**  *\*Recertification every 3 years*  \*\*Required when funded by NIH or protocol adheres to GCP | Date: |
|  |  | **CITI Export Compliance**  *\*Annual Recertification* | Date: |
|  |  | **Responsible Conduct of Research (RCR)**  *CITI or DU course*  \*\*Required with NSF funding | Date: |
|  |  | **Biological Shipment Training**  *\*Annual Recertification* | Date: |
|  |  | **Laboratory Safety Training**  *\*Annual Recertification*  *DU or Evidence of Facility Training* | Date: |
|  |  | **Bloodborne Pathogen Training**  *\*Annual Recertification*  *DU or Evidence of Facility Training* | 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](https://drexel.edu/~/media/9BD48849D3AB41A883D7BC7662E858D1.ashx). | |
| Signature | Date |
|  |  |