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| **Virginia Tech IRB number:**  **Virginia Tech PI Name:**  The purpose of this worksheet is to provide the Virginia Tech HRPP office staff with information about the individual, not affiliated with Virginia Tech or an institution that holds an FWA or has an IRB, to determine if an agreement is necessary. If there are multiple individuals, a separate form must be completed and uploaded. This form must be completed and signed by the Virginia Tech PI. | |
| 1. **Individual Investigator Information** | |
| 1. Name of unaffiliated individual: | |
| 1. Email address for unaffiliated individual: | |
| \*email address should not be affiliated with an institution or organization that holds an FWA or has an IRB. | |
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| 1. **Conflict of Interest** | |
| 1. A. Does the unaffiliated individual investigator have ownership of any significant financial interest with this research?  No   Yes ; If yes, is there a management plan regarding this conflict as it pertains to this proposed research?  Yes   No ; If no, contact Research Conflict of Interest (email/phone) | |
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| 1. **Study Activities Conducted by the Unaffiliated Individual Investigator** | |
| 1. Which of the following activities will be conducted by the unaffiliated individual investigator? Check all that apply:   Obtain consent and/or assent  Perform research procedures  Administer study interventions  Obtain, use, or analyze identifiable data and/or specimens  Obtain, use, or analyze de-identifiable data and/or specimens  Other participant contact  Other responsibilities or roles  If other, please briefly explain: Click here to enter text. | |
| 1. Can you confirm that the activities and access to study data are adequately described in the Research Protocol (HRP-503)?  Yes  No | |
| Can you confirm that the unaffiliated individual investigator is not acting on behalf of an institution that has an FWA or IRB? *In other words, the individual investigator is not conducting research on behalf of any institution (i.e., will not be affiliated with any institution in publications, presentations, etc. from the research being conducted).*  Yes  No | |
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| 1. **Signature and Attestations (This form must be completed and signed by the Virginia Tech PI.** | |
| 1. By signing below, the signatory affirms responsibility to direct and appropriately supervises all of the collaborative research activities to be performed by the unaffiliated individual and attests to the accuracy and completeness of the information provided herein.   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |