**key personnel log**

**Study Title**:      

**IRB Number:**

**Principal Investigator:**

**Instructions***:* Use this log to track all individuals on your research team who have contact with study participants’ private and identifiable information for research purposes. Maintain this Key Personnel Log with original signatures from each Key Personnel with your regulatory records for your USF-IRB Approved protocol. Please note that by signing this log, your Key Personnel are certifying the following:

* I acknowledge my responsibilities in the conduct of this research study and have received adequate training to fulfill those responsibilities.
* I agree to follow the procedures for the conduct of this study as described in the IRB-approved protocol and application.
* I agree to uphold the rights and welfare of all study participants*.*

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| **Name** | **Degree, License, Certification** | **Services Relating to this Research Study** | **Date Service Began** | **Date Service Ended** | **Completed IRB Education Requirement** | **VA ONLY % dedicated work time** | **Key Personnel Initials** | **Signature of Key Personnel** | **PI Initials** |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |

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| --- | --- | --- | --- |
| ***Choose all applicable services and responsibilities on the study from the following:*** | | | |
| 01. Obtains Informed Consent  02. Obtains Medical History  03. Performs Physical Exam  04. Obtains Vitals  05. Data Management | 06. Assesses Eligibility Criteria  07. Evaluates AE (Cause/Severity)  08. Specimen Collection/Processing/Shipping  09. Performs Randomization  10. Co**m**municates with the IRB | 11. Maintains Regulatory Documents  12. CRF Completion  13. Source Document Completion  14. Medication History/Concomitant Medication  15. Maintains Drug/Device Records | 16. Dispenses Study Drug/Device  17. Study Procedures/ Data Collection  18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |
|  |  |  |  |  | Yes  No |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Choose all applicable services and responsibilities on the study from the following:*** | | | |
| 01. Obtains Informed Consent  02. Obtains Medical History  03. Performs Physical Exam  04. Obtains Vitals  05. Data Entry/Management | 06. Assesses Eligibility Criteria  07. Evaluates AE (Cause/Severity)  08. Specimen Collection/Processing/Shipping  09. Performs Randomization  10. Co**m**municates with the IRB | 11. Maintains Regulatory Documents  12. CRF Completion  13. Source Document Completion  14. Medication History/Concomitant Medication  15. Maintains Drug/Device Records | 16. Dispenses Study Drug/Device  17. Study Procedures/ Data Collection  18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |