**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*.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |       |  |  |  |

|  |
| --- |
| ***Choose all applicable services and responsibilities on the study from the following:*** |
| 01. Obtains Informed Consent02. Obtains Medical History03. Performs Physical Exam04. Obtains Vitals05. Data Management  | 06. Assesses Eligibility Criteria07. Evaluates AE (Cause/Severity)08. Specimen Collection/Processing/Shipping09. Performs Randomization10. Co**m**municates with the IRB | 11. Maintains Regulatory Documents12. CRF Completion13. Source Document Completion14. Medication History/Concomitant Medication15. Maintains Drug/Device Records | 16. Dispenses Study Drug/Device17. Study Procedures/ Data Collection18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |       |  |  |  |
|       |       |       |       |       | [ ] 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 Consent02. Obtains Medical History03. Performs Physical Exam04. Obtains Vitals05. Data Entry/Management  | 06. Assesses Eligibility Criteria07. Evaluates AE (Cause/Severity)08. Specimen Collection/Processing/Shipping09. Performs Randomization10. Co**m**municates with the IRB | 11. Maintains Regulatory Documents12. CRF Completion13. Source Document Completion14. Medication History/Concomitant Medication15. Maintains Drug/Device Records | 16. Dispenses Study Drug/Device17. Study Procedures/ Data Collection18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |