

**GENESYS REGIONAL MEDICAL CENTER**  
**Office of Research**  
**Addition or Change in Investigator(s)- Signature Form**

Investigators are required to ensure that the protocol is conducted as written and that any changes in the protocol or consent are submitted to and approved by the Genesys Regional Medical Center Institutional Board prior to implementation. Investigators must submit a written description of any serious adverse reactions, unexpected events or deaths to the IRB Chairperson and appropriate regulatory agencies within 72 hours of occurrence. **By signing below, the Principal and Co-Investigators are indicating that each has read the Genesys Institutional Board Policies and Procedures Manual and accepts responsibility for conducting the project in accordance with Genesys Regional Medical Center Policy and to follow the protocol as written.**

PROJECT IDENTIFICATION

1. Date: \_\_\_\_\_ GRMC Study #: \_\_\_\_\_
2. Title of Project: \_\_\_\_\_
3. Principal investigator's name, academic degree, title, department and affiliation address, telephone number, facsimile number and e-mail address: \_\_\_\_\_
4. Sub-Investigators' names, academic degrees, titles and affiliations Co --Investigator's address, telephone number, facsimile number and e-mail address: \_\_\_\_\_
5. Research coordinator(s) assigned to the project, and telephone number(s): \_\_\_\_\_
6. Sponsor of the project (if applicable): \_\_\_\_\_

Principal Investigator

Name	Signature	Date
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Sub-Investigator(s)

Name	Signature	Date
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Sub-Investigator(s):

Name	Signature	Date
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**Signature of PI or Sub-PI being removed from Study:**

Name	Signature	Date
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