



## Contact Information

If the individual is new to research or you know there is new information, please submit this form. If you are uncertain if the research personnel are in the IRB database, please contact the IRB office at 918-561-1400.		
<input type="checkbox"/> New Individual <input type="checkbox"/> Updated Information		
<b>Prefix</b>		Mr., Mrs., Ms., Dr., Rev., etc.
<b>First Name</b>		
<b>Middle Name</b>		
<b>Last Name</b>		
<b>Suffix</b>		Jr., III
<b>Degree</b>		PhD, MD, DO, DVM, etc.
<b>Title</b>		
<b>Organization</b>		OSU; Name of private practice, etc.
<b>Department</b>		Pediatrics; Surgery
<input type="checkbox"/> Fellow, Resident, Intern		
<b>Mailing Addresses</b>		For each indicate whether the mailing address is a home or work address.
<b>Phone Numbers</b>		For each indicate whether the phone number is a home, work, or cell number.
<b>Email Address</b>		Please list the address used on a daily basis
<b>CITI Training or equivalent been completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (per OSU CHS policy, documentation of completion must be on file prior to study start-up)	
<b>Has an annual Conflict of Interest Disclosure been completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (per OSU CHS policy, documentation of completion must be on file prior to study start-up)	