OFFICE OF HUMAN RESEARCH AFFAIRS (OHRA)
Principal Investigator Transfer Form

Please use this form to transfer PI responsibilities for an individual project. The documents required for complete transfer of responsibility are:

- Completed PI transfer form signed by both the Retiring and newly appointed PI
- Signed PI assurance from the new PI
- CITI training documentation for the new PI (2 required courses)
    - Human Subjects Research (one of the following: Biomedical Research or Refresher, Social & Behavioral Research Basic or Refresher or other equivalent CITI courses covering similar module content)
    - Conflicts of Interest (course ID: 177781)

I am no longer the Principal Investigator for the following study:

Protocol Number:

Full study title:

has agreed to assume responsibility for the oversight and conduct of this research.

Conflict of Interest Reporting Any conflicts disclosed here will be discussed with General Council for development of a management plan. Please see the OHRA Protocol Guidance for a description of significant financial conflicts that require disclosure.
☐ New PI **does not** have any conflicts of interest or significant financial conflicts of interest in relation to this study. ☐ New PI **has a potential conflict of interest** or significant financial conflict of interest in relation to this study. Please briefly describe the nature of the conflict of interest in the space below.

Current status of the study: Please choose only one	
☐ Enrollment not started ☐ Open to enrollment ☐ Closed to enrollment with active participants ☐ Closed to enrollment no active participants, data analysis only	☐ Data analysis Only (project not designed with participants) ☐ Data analysis completed and publication process in progress ☐ Study is preparing to close

Please review the study documents and provide a clear plan for updating. Please also provide a detailed plan for notifying or obtaining updated consent from participants who were already active at the time of the PI change.
Protocol Document Revision Plan & Rationale:

Informed Consent Form Document Revision Plan & Rationale:
HIPAA Authorization Document Revision Plan & Rationale:
Participant-facing Document Revision Plan & Rationale:
Participant Re-Consent or Notification Plan & Rationale:

By signing below, you acknowledge and agree to (1) the transfer of Principal Investigator responsibilities (2) a sufficient research plan to update documents and notify participants (3) all required training for the new investigator has been completed (4) attest to accurate disclosure of any conflicts of interest for this research and (5) will review and provide a signed copy of the Principal Investigator Responsibilities & Assurance form.

New PI Signature (above)	**Date**	**Email Address**
Retired PI Signature (above)	**Date**	**Email Address**