



OMB#: 0925 – xxxx    **Expiry Date: xx/xx/xxxx**

**STATEMENT OF CONFIDENTIALITY**

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<b>Research Staff at Affiliate Institution</b>			
<b>(All contact forms must be submitted by the local IRB of the signatory institution.)</b>			
Please provide the CIRB with the contact information for those who should receive study-related correspondence from the CIRB. Usernames and passwords for the Participant's Area of the Website will be sent via email to those listed below.			
<input type="checkbox"/> <b>Add</b>		<input type="checkbox"/> <b>Revise</b>	
<b>Research Staff Name</b>	First	Last	
Title/Role	Email Address		
Telephone Number (    ) -	Extension		
Institution Name			
Street Address			
Street Address #2			
City	State	Zip	

**Remove Research Staff**

NOTE: The individuals listed below will no longer receive study-related correspondence from the CIRB and will have their usernames and passwords revoked.

First Name	Last Name	Role	Institution Name