APPENDIX TO CONTINUATION

JDDVAMC SUPPLEMENT FOR CONTINUING REVIEW OF APPROVED RESEARCH

Principal Investigator:
Study Title:
IRB Protocol Number:
1. Identify all the personnel who are working on this research project (including the PI):

Name (first, last)	**E-mail address**	**Phone number**	**Employer (VA or WSU)**	**Will administer and sign Informed Consent (Yes/No)?**	***Dates Completed all required Human Studies Education and GCP Training**

2. Identify all the personnel who are no longer working on this research project.