Please Indicate: [ ]  Resignation [ ]  Retirement [ ]  Other (please describe): Click or tap here to enter text. Effective date? Click or tap here to enter text.

Will you retain any type of appointment at Johns Hopkins? [ ]  No [ ]  Yes If yes, what type of appointment? Choose an item.

Provide forwarding email address if available: Click or tap here to enter text.If you have accepted another position elsewhere, please identify where: Click or tap here to enter text.

Please indicate who you have notified: [ ]  [The Office of Outside Interests (OOI)](https://www.hopkinsmedicine.org/research/resources/offices-policies/OPC/Outside_Interests/COI_COC/committee/) [ ]  [Office of Research Administration (ORA)](https://www.hopkinsmedicine.org/research/resources/offices-policies/ora/)

[ ]  [Clinical Research Contracting & Clinical Research Support Services Office](file:///C%3A%5CUsers%5Cakeyes1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C3M2IG407%5CClinical%20Trials%20Contracting%20%7C%20School%20of%20Medicine%20Office%20of%20Research%20%26%20Administration%20%28jhmi.edu%29) [ ]  [JH Clinical Trials.gov Program](file:///C%3A%5CUsers%5Cakeyes1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C3M2IG407%5CClinicalTrials.gov%20%28CT.gov%29%20Program%20-%20Institute%20for%20Clinical%20and%20Translational%20Research%20%28johnshopkins.edu%29)

**Section I: IRB applications on which you are PI**

***Instructions:*** *Please provide the requested information for each IRB active application (i.e. currently approved or acknowledged), for which you are the PI. Please complete the entire row for each application.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IRB Application #**  | **Who is the new PI?** | **Have you submitted a CIR in eIRB 2 to change the PI?**  | **Is there an IND or IDE for this study?**  | **Is this a clinical trial?** | **Do you plan to access data from this study after your resignation?**  | **Do you plan to access biospecimens from this study after your resignation?**  | **Do you have an identified Conflict of Interest?**  | **What is The Funding Source and Award number, if applicable** | **Will participants be notified and/or reconsented?**  | **Will you still be involved in this project?**  | **Which IRB will provide oversight for your engagement in research?**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section V | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text. ORA been contacted? Choose an item. | Choose an item. If yes:Choose an item. | Choose an item.If yes:Choose an item. | Choose an item.If JHM IRB, you will need to submit a reliance request to [JHM IRB Reliance Request](https://jhmi.co1.qualtrics.com/jfe/form/SV_6MdwRNR4VPFIULP) |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section V | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text. ORA been contacted? Choose an item. | Choose an item. If yes:Choose an item. | Choose an item.If yes:Choose an item. | Choose an item.If JHM IRB, you will need to submit a reliance request to [JHM IRB Reliance Request](https://jhmi.co1.qualtrics.com/jfe/form/SV_6MdwRNR4VPFIULP) |
| Click or tap here to enter text.  | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section V | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text. ORA been contacted? Choose an item. | Choose an item. If yes:Choose an item. | Choose an item.If yes:Choose an item. | Choose an item.If JHM IRB, you will need to submit a reliance request to [JHM IRB Reliance Request](https://jhmi.co1.qualtrics.com/jfe/form/SV_6MdwRNR4VPFIULP) |

**Section II: IRB-approved applications on which you are Co-Investigator**

***Instructions:*** *Please provide the requested information for each IRB active application (i.e. currently approved or acknowledged), for which you are the PI. Please complete the entire row for each application.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IRB Application #** | **PI Name** | **Have you submitted a CIR in eIRB 2 to remove yourself as Co-Investigator?**  | **Will you still be involved in this project? If so, what is your role?**  | **Do you plan to access data from this study after your resignation?**  | **Do you plan to access biospecimens from this study after your resignation?**  | **Which IRB will provide oversight for your engagement in research?**  | **Do you have an identified Conflict of Interest?**  | **What is The Funding Source and Award number, if applicable** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item. | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text.Has ORA been contacted? Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.  | Choose an item. | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item. | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text.Has ORA been contacted? Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item. | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text.Has ORA been contacted? Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item.If yes, complete section IV | Choose an item.If yes, complete section III | Choose an item. | Choose an item.If yes, has OOI been contacted?Choose an item. | Click or tap here to enter text.Has ORA been contacted? Choose an item. |

**Section III: BIOSPECIMENS**

***Instructions:*** *If you reported that you plan to have continued access to biospecimens for some or all of the projects where you were PI and/or Co-I, this table must be completed. Please complete the requested information for each project where you plan to access biospecimens.*

|  |  |
| --- | --- |
| **IRB Application #** Click or tap here to enter text. |  |
| Please address the following related to your planned access to biospecimens: * How you plan to access biospecimens
* If biospecimens will be transferred outside of Hopkins
* Whether a change in research has been submitted to describe this transfer
* If a MTA has been secured
 | Click or tap here to enter text. | Where are they stored and what will be done with them? Do you have departmental approval for continued use of the biospecimens?  | Click or tap here to enter text.Choose an item. |
| **IRB Application #** |  |
| Please address the following related to your planned access to biospecimens: * How you plan to access biospecimens
* If biospecimens will be transferred outside of Hopkins
* Whether a change in research has been submitted to describe this transfer
* If a MTA has been secured
 | Click or tap here to enter text. | Where are they stored and what will be done with them? Do you have departmental approval for continued use of the biospecimens?  | Click or tap here to enter text.Choose an item. |

**Section IV: DATA**

***Instructions:*** *If you reported that you plan to have continued access to data for some or all of the projects where you were PI and/or Co-I, this table must be completed. Please complete the requested information for each project where you plan to access data.*

|  |
| --- |
| **IRB Application #** Click or tap here to enter text. |
| Data Type: Choose an item.Includes: [ ]  Structured data [ ]  Text [ ]  Imaging [ ]  VideoPlease address the following related to your planned access to study data: * Does the request include data from JHM clinical systems (e.g. Epic)? Choose an item.
* How many unique individuals’ data will be shared/accessed? Choose an item.
* How do you plan to access the data: Click or tap here to enter text.
* Will a copy of the data be transferred outside of Hopkins? If yes, do you have the signed departmental permission form? Click or tap here to enter text.
* Has a change in research has been submitted to describe this transfer? Click or tap here to enter text.
* Is there consent that allows for the sharing of data with research partners outside of Johns Hopkins? Choose an item.
* Has a data sharing agreement been obtained? Click or tap here to enter text.
 |
| **IRB Application #** |
| Data Type: Choose an item.Includes: [ ]  Structured data [ ]  Text [ ]  Imaging [ ]  VideoPlease address the following related to your planned access to study data: * Does the request include data from JHM clinical systems (e.g. Epic)? Choose an item.
* How many unique individuals’ data will be shared/accessed? Choose an item.
* How do you plan to access the data: Click or tap here to enter text.
* Will a copy of the data be transferred outside of Hopkins? If yes, have you obtained departmental permission? Click or tap here to enter text.
* Has a change in research has been submitted to describe this transfer? Click or tap here to enter text.
* Is there consent that allows for the sharing of data with research partners outside of Johns Hopkins? Choose an item.
* Has a data sharing agreement been obtained? Click or tap here to enter text.
 |
| **IRB Application #** Click or tap here to enter text. |
| Data Type: Choose an item.Includes: [ ]  Structured data [ ]  Text [ ]  Imaging [ ]  VideoPlease address the following related to your planned access to study data: * Does the request include data from JHM clinical systems (e.g. Epic)? Choose an item.
* How many unique individuals’ data will be shared/accessed? Choose an item.
* How do you plan to access the data: Click or tap here to enter text.
* Will a copy of the data be transferred outside of Hopkins? If yes, have you obtained departmental permission? Click or tap here to enter text.
* Has a change in research has been submitted to describe this transfer? Click or tap here to enter text.
* Is there consent that allows for the sharing of data with research partners outside of Johns Hopkins? Choose an item.
* Has a data sharing agreement been obtained?Click or tap here to enter text.
 |

**Section V: CLINICAL TRIALS**

***Instructions:*** *If your response includes that your application is a clinical trial, this table must be completed. Please complete the requested information for each project that is a clinical trial.*

|  |
| --- |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  No Has the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No  |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  NoHas the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  NoHas the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  No Has the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No  |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  NoHas the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No |
| **IRB Application #** Click or tap here to enter text. |
| NCT #: Click or tap here to enter text.Who will take over updates and reporting? Click or tap here to enter text.Has the ClinicalTrials.gov website been updated? [ ]  Yes [ ]  NoHas the JH Clinical Trials.gov Program been notified? [ ]  Yes [ ]  No |