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:\Users\akeyes1\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\3M2IG407\Clinical%20Trials%20Contracting%20|%20School%20of%20Medicine%20Office%20of%20Research%20&%20Administration%20(jhmi.edu))  [JH Clinical Trials.gov Program](file:///C:\Users\akeyes1\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\3M2IG407\ClinicalTrials.gov%20(CT.gov)%20Program%20-%20Institute%20for%20Clinical%20and%20Translational%20Research%20(johnshopkins.edu))

**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  Video  Please 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  Video  Please 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  Video  Please 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  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  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  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  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  No  Has the JH Clinical Trials.gov Program been notified?  Yes  No |