

Allied Health Research Associate

Initial Appointment and Annual Review Questionnaire

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Name of Applicant (Print) Department

Please respond to the below questions.

1. Please list the IRB numbers of all open studies in which you are named as a member of the study team. If you need more space, please use the back of this page. You may attach a print out from iStar if more convenient.

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1. My only participation in research is data collection from patient records and/or data entry and/or scientific writing. I do not interact with research subjects in any manner.

**If you checked the above box, please skip to the end, sign and date**

1. Please list the spaces on and off Health Science Campus where you work with study participants

|  |  |
| --- | --- |
| Building | Specific Room/Clinic/Location inside the Building |
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1. In your work as a research associate, do you perform any of the following?

| Procedure | Yes | No | Comment |
| --- | --- | --- | --- |
| Physical examination, please explain |  |  |  |
| Medical history, please explain |  |  |  |
| Medication history |  |  |  |
| Medication reconciliation |  |  |  |
| Distribute medication to a study participant to take home |  |  |  |
| Administer medication to a study participant |  |  |  |
| Educate a study participant regarding how to take a medication/side effects, etc |  |  |  |
| Assess adverse events (physical/drug related) |  |  |  |
| Apply any device in or on the body of a study participant, please explain |  |  |  |
| Insert a needle to withdraw blood |  |  |  |
| Withdraw blood from an implanted port or existing IV |  |  |  |
| Administer tests to study participants (other than paper and pencil), please explain |  |  |  |
| Collect any specimens from study participants, e.g. tissues, body fluids, swabs, urine, other  Please explain |  |  |  |
| Obtain consent |  |  |  |
| Other, please describe |  |  |  |

I attest that I have disclosed all of my activities related to human subject’s research.

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Signature Date