1 - General Information

ID: IRB00119815

1. * **Principal Investigator:**
*Click **Select** to choose PI:*
Romanus Faigle

2. * **Will the PI obtain consent for this study ?**
○ Yes ● **No**

3. * **Is the PI a JHHS RN?**
○ Yes ● **No**

4. * **Indicate the PI's primary affiliation:**
(Select "Other (Affiliation Not Listed)" if the PI's primary affiliation is not listed):
Neurology - Broadway

5. * **Title of Study:**
Presence and implication of an unconscious racial bias among speech-language pathologists involved in clinical decision-making regarding gastrostomy tube placement

6. * **Provide a BRIEF statement of your research question and plan:**
Gastrostomy tubes (for enteral feeding) are overutilized in ethnic minority stroke patients despite similar incidence of swallowing dysfunction, stroke severity, and other clinical and sociodemographic variables. Gastrostomy tubes are associated with morbidity and mortality, low quality of life, and additional costs. Speech language pathologists (SLPs) play an intricate role in the clinical decision-making process resulting in placement of gastrostomy tubes.

The present study seeks to determine whether SLP providers have an implicit racial bias and whether an potential implicit bias, if present, affects decision-making regarding gastrostomy tube placement. This will be accomplished via a web-based survey administered to SLP providers registered with the American Speech-Language Hearing Association. Participants will be presented with case vignettes presenting patients with varying degrees of swallowing difficulty after stroke, and will then be asked to determine the likelihood of swallow recovery, and whether they recommend gastrostomy or not. The race of the "fictitious" patient in the vignette will be altered randomly (black vs white). In addition to questions on the vignettes, participants will complete the Race Implicit Association Test, and answer questions about their basic demographics. Analysis will determine whether SLPs have an implicit race bias, and whether a potential bias among SLPs results in higher likelihood of recommending gastrostomy tubes to black vs. white patients.

7. * **Select the type of review requested:**
Expedited

8. * **Will an external IRB act as the IRB of record for this study?**
○ Yes ● **No**

9. **What kind of study is this?**
Single-site study

12. * **Does this project ONLY involve review of records?**
Select "Yes" if this project will **ONLY** involve review of charts/medical records.
○ Yes ● **No**

13. * **Is this a quality improvement project?**
○ Yes ● **No**

17. * **Is this a resubmission of an expired, terminated, withdrawn or disapproved application?**
○ Yes ● **No**

19. * **Is this a conversion of an active study already approved by a Hopkins/Affiliates IRB (including the JHM All Children's Hospital IRB)?**
○ Yes ● **No**

23. * **Estimated time to complete this study:**
1.5 years

25. **Study Team Members:**

*Click **Add** to add new Study Team members. Click **Update** to modify existing Study Team member information.*

	Last	First	Degrees	JHED Dept	Primary Affiliation	Role	Consenting Hopkins participants	Consenting Physician-Investigator/ Mid-Level Provider	Agree Consenting Physician-Investigator/ Mid-Level Provider	Receive Notifications	Agree To Participate
View	Chen	Bridget	n/a	SOM Neuro Cerebrovascular	Neurology - Broadway	Study Coordinator	yes			yes	yes
View	Cooper	Lisa	M.D., M.P.H.	SOM DOM General Internal Medicine	General Internal Medicine - Broadway	Co-Investigator	no			no	yes

	Last	First	Degrees	JHED Dept	Primary Affiliation	Role	Consenting Hopkins participants	Consenting Physician-Investigator/ Mid-Level Provider	Agree Consenting Physician-Investigator/ Mid-Level Provider	Receive Notifications	Agree To Participate
View	Gonzalez Fernandez	Marlis	MD, PhD	SOM PMR Physical Med and Rehabilitation	Physical Medicine & Rehabilitation - Broadway	Co-Investigator	no			yes	yes
View	Gottesman	Rebecca	M.D., Ph.D.	SOM Neuro Cerebrovascular	Neurology - Bayview	Co-Investigator	no			no	yes
View	Wang	Nae Yuh	Ph.D.	SOM DOM General Internal Medicine	Bloomberg School of Public Health	Co-Investigator	no			yes	yes

2 - Study Team Compliance Training

1.0 All Study Team Members listed below must complete indicated training requirements
*PIs of active IRB Protocols must complete the **REWards training (Research Ethics Workshops)** or equivalent. PIs have one year from the date of their first eIRB submission to complete the **REWards** requirement.*

For studies with a Prospective Reimbursement Analysis document (PRA), Clinical Research Billing Orientation (CRBO) training is required for study team members who have a role in the consenting process. Clinical Research Support Services will notify those members by email. The IRB cannot take final action until all training is complete.

Principal Investigator

Last Name	First Name	HSR Required	Date	H&R Required	Date	COI Required	Date	Date REWards Completed	CRBO Required	Date CRBO Completed
Faigle	Romanus	Yes	11/15/2019	Yes	4/5/2012	Yes	10/25/2016	7/18/2016		9/10/2015

Local Site PI

Last Name	First Name	HSR Required	Date	H&R Required	Date	COI Required	Date	Date REWards Completed	CRBO Required	Date CRBO Completed

Study Team:

	Last Name	First Name	HSR Required	Date	H&R Required	Date	COI Required	Date	Date REWards Completed	CRBO Required	Date CRBO Completed
View	Chen	Bridget	yes	6/2/2018	yes	6/2/2018	yes	6/2/2018			
View	Cooper	Lisa	yes	5/29/2017	yes	4/12/2003	yes	11/14/2016	10/20/2006		
View	Gonzalez Fernandez	Marlis	yes	1/10/2018	yes	5/27/2016	yes	9/14/2016	1/25/2005		7/22/2008
View	Gottesman	Rebecca	yes	1/30/2017	yes	4/18/2005	yes	12/19/2016	3/22/2006		3/30/2009
View	Wang	Nae Yuh	yes	1/12/2020	yes	4/9/2003	yes	12/16/2016	1/5/2011		1/13/2020

2.0 If the dates above are blank or incorrect, upload copies of training certificates or myLearning Report and the JHM IRB staff will enter the dates for you.

*Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)*

Title	Date Modified	Version	Status
There are no items to display			

6 – Protocol Information

1.0 * Type of protocol:

- [x] **JHM-IRB eForm A**
- [ ] **JHM-IRB eForm B**

- [ ] **Outside Sponsor**
- [ ] **Investigator-Initiated**

2.0 * Clean Protocol:
*Click **Add** to upload a new clean document. Click **Update** to upload a clean revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)*

	Title	Date Modified	Version	Status
View	JHM IRB eFormA_Faigle_implicit_bias(4)	3/5/2018 12:14 PM	4	Submitted

3.0 Track Changes Protocol or Summary of Changes
*Click **Add** to upload a new track change document. Click **Update** to upload a track change revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)*

	Title	Date Modified	Version	Status
View	Tracked Changes(0.02)	3/5/2018 12:13 PM	0.02	Submitted

5.0 Appendices/Sub-study protocol/Letter of Amendment
*Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)*

Title	Date Modified	Version	Status
There are no items to display			

6.0 * Did this study receive a non-IRB scientific review?
● **Yes** ○ No

7.0 * Who conducted the review?
NIH K23 study section.

8.0 Upload a copy of the scientific review, and related documents, if available.
*Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)*

Title	Date Modified	Version	Status
There are no items to display			

9.0 Additional pilot data or relevant publications
Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)

Title	Date Modified	Version	Status
There are no items to display			

10.0 * If your study is occurring at JHH or JHBMC, check all of the below that apply:

☐ **There are research activities or drugs administered in this protocol that are intended to induce symptoms in research participants, such as: procedures to provoke an allergic reaction (pulmonary, nasal, or GI), induced sputum, or exercise stress test.**

☐ **Research participants will undergo high risk, invasive procedures that are NOT part of prescribed routine clinical care for the participant. Examples include bronchoscopy, cardiac catheterization, use of a glucose clamp, or insertion of an arterial line. (Lumbar puncture is not considered high risk.)**

☐ **There are drugs administered as part of the protocol that have a likelihood of causing an allergic reaction, or side effects, which could require the use of rescue medications.**

☐ **This is the first time you have been listed as PI on a more than minimal risk application.**

☑ **None of the above**

11.0 * Does your study involve organ transplantation from an HIV positive donor (living or deceased) to an HIV positive recipient?
○ Yes ● **No**

7 - Clinical Trials Information

1. * Is this a clinical trial?
○ Yes ● **No**

Registration on ClinicalTrials.gov is strongly encouraged or required for many studies that may not meet the definition of a “clinical trial” (i.e., medical journal guidelines, in the terms and conditions of Foundation or other sponsored research). If your protocol is registered at ClinicalTrials.gov, please enter the National Clinical Trials (NCT) number below

9. * ClinicalTrials.gov identifier (NCT Number):
Please enter only the eight digits of the registration number (without "NCT").

8 - Conflict of Interest

1.0 * Does the PI or any study team member (or their spouse, domestic partner, or dependent children) have a financial interest or fiduciary relationship that

1) could be affected by the research, or
2) is in an entity that could be affected by the research?

*** This applies to current interests/relationships and those within the past 12 months.**
○ Yes ● **No**

All conflicted individuals must disclose potential conflicts of interest to the Office of Policy Coordination (OPC) before this application can be approved.

5.0 * To the best of your knowledge, does Johns Hopkins have a financial interest that 1) could be affected by the research or 2) is in an entity whose financial interest could be affected by the research?
○ Yes ● **No**

9 - Support Information

1.0 * Check all sources of support (pending or awarded):
☑ Monetary

☐ Material
☐ None

2.0 **Does the sponsor require the IRB review process to comply with International Conference on Harmonization / Good Clinical Practice Standards (ICH GCP)?**
○ Yes ● **No**

3.0 * **Will data from this study be submitted to a federal genomic database or repository (e.g., dbGaP)?**
○ Yes ○ No

4.0 * **MONETARY SUPPORT:**

Click **Add/Update** to select monetary support source:

	Source	Status	Grant Number
View	NIH K 23 Grant	Pending	

5.0 * **Will Johns Hopkins receive funds through a sub-contract or sub-award?**
○ Yes ● **No**

7.0 * **Does this research have COMMERCIAL FUNDING?**
○ Yes ● **No**

9.0 * **Will you apply to the Bayview Institute for Clinical and Translational Research - Clinical Research Unit (ICTR-CRU) (formerly GCRC) or JHH ICTR-CRU (includes NBRU) for funding or use of facilities?**
○ Yes ● **No**

10.0 **If ORA has requested IRB review of your grant or you have funding from the Maryland Stem Cell Research Fund, submit a copy of the complete grant, including the face page but excluding the appendices:**
Click Add to upload a new document. Click Update to upload a revised version of the existing document. (Click History to see all uploaded versions of an existing document.)

Title	Date Modified	Version	Status
There are no items to display			

11.0 **Do you have or do you anticipate receiving federal funding for this study?**
● **Yes** ○ No

10 - Study Location

1.0 **Johns Hopkins Primary Sites:**

	Location	PI Name	PI Email	PI Phone	Notes
View	Johns Hopkins Hospital				

Johns Hopkins ICTR-CRU Sites:

Location	PI Name	PI Email	PI Phone	Notes
There are no items to display				

Other Johns Hopkins Sites:

Location	PI Name	PI Email	PI Phone	Notes
There are no items to display				

Other Non-Hopkins Sites:

Location	PI Name	PI Email	PI Phone	Notes
There are no items to display				

If using a JHCP location click on the help link for guidance and to complete the JHCP Research Application.

2.0 **Is this study using a Johns Hopkins Clinical Research Network site?**
○ Yes ● **No**

3.0 **Is this study using a PCORI-Path site?**
○ Yes ● **No**

The following sites were selected under the legacy Study Location page:
Johns Hopkins Hospital

11 - Sample Size

1.0 * **Will this research involve intervention/interaction with participants?**
● **Yes** ○ No

2.0 * **How many participants will be consented (or enrolled with a waiver of consent) at Hopkins/Affiliates?**

250

3.0 * **Will the study have a screening evaluation after consent has been obtained?**
○ Yes ● **No**

4.0 * **How many participants will be accrued at Hopkins/Affiliates?**
250

5.0 * **For multi-center studies, how many participants will be accrued at all sites (including Hopkins/Affiliates)?**
0

8.0 * **Will you need JHHS nursing staff for any research-related activities (e.g., as participants, blood draws, drug administration, device use, specimen collection, increased monitoring, survey administration)?**
This question does not apply to research conducted only on the ICTR-CRU units using ICTR-CRU nursing staff. If you will only be using ICTR-CRU nursing staff question 8.0 should be answered "no."
○ Yes ● **No**

12 – Participant Information

1.0 * **Will you obtain identifiable data, records, specimens, or samples, or have access to codes, links or identifiers?**
● **Yes** ○ No

2.0 * **Age ranges of participants (e.g., 0-17, ≥ 18 years):**
18-100

3.0 * **Study population - check all that apply:**
- ☑ **Male adults (18+)**
- ☑ **Female Adults (18+)**
- ☐ **Male children (<18)**
- ☐ **Female children (<18)**

4.0 **Special Study Populations - check all populations that may be enrolled:**
- ☐ **Adults lacking capacity to consent**
- ☐ **Pregnant Women**
- ☐ **Non-viable neonates/neonates of uncertain viability**
- ☐ **Prisoners**
- ☐ **Non-English speakers**
- ☐ **Children who are in foster care or wards of the state**

5.0 * **Will you enroll healthy volunteers?**
● **Yes** ○ No

6.0 **Hopkins Study Populations - check all populations that you will target for recruitment or record review:**
- ☐ JHH/JHBMC adult emergency department patients/records
- ☐ Employees/records
- ☐ JHU School of Medicine residents/interns/records
- ☐ JHU School of Medicine students/records
- ☐ Other JHU students/records
- ☐ Hopkins/Affiliates inpatients
- ☐ Hopkins/Affiliates outpatients
- ☐ JHH obstetric patients

Application
IRB00119815
Romanus Faigle

13 - Recruitment Information

1. * **Check all sources of recruitment for this study:**
   - ☐ **No intervention/interaction with participants (e.g., chart record review)**
   - ☐ **Individuals who are clinical patients of the PI or co-investigators**
   - ☐ **Review of clinical records of individuals who are not clinical patients of the PI or co-investigators prior to their consent**
   - ☐ **Referral of individuals specifically for research purposes by treating clinicians not on the study team**
   - ☐ **Prior Hopkins/Affiliates study participants**
   - ☑ **Individuals who learn about the study through advertisements or peer/network recruiting**

2. * **Describe the process for recruiting these individuals, including:**

   • individual(s) responsible for approaching participant(s)
   • where and when recruitment will take place
   • how privacy issues will be addressed in recruitment process

   The study population will be drawn from speech-language pathologists (SLPs) registered with the American Speech-Language-Hearing Association (ASHA). SLP providers will be invited to participate in a web-based survey. A random sample of registered inpatient SLP providers is available from ASHA for 21 cents per member contact information. Prospective participants will be mailed a postcard containing basic information on the nature of the study, and are provided the study site URL.

5. * **Are you submitting recruitment materials and/or telephone screening scripts for review?**

● Yes ○ No

6. * **Check the recruitment materials that you are submitting for review:**

- ☐ **Brochures**
- ☐ **Letters**
- ☐ **Flyers**
- ☐ **Newspaper Advertisements**
- ☐ **Radio Advertisements**
- ☐ **TV Advertisements**
- ☑ **Postcards**
- ☐ **Website postings**
- ☐ **Posters**
- ☐ **Telephone screening scripts**
- ☐ **Other**

7. **Recruitment materials and/or telephone screening scripts (Leave a 1.5" margin at top of the document for IRB approval stamp)**

Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)

Title	Date Modified	Version	Status
View FINAL_Faigle_00119815_Postcard.pdf(3)	12/4/2019 9:21 AM	3	Submitted

8. * **Data Sources:**

- ☐ **JHM Clinical Data (including EPIC, Casemix, CCDA, Departmental databases)**
- ☐ **Non-Hopkins/Affiliates clinical databases or medical charts/records**
- ☐ **JHM IRB approved studies or research databases**
- ☐ **Non-Hopkins IRB approved studies**
- ☐ **Public databases/registries/repositories**
- ☐ **Administrative/claims data from Johns Hopkins Healthcare LLC**
- ☐ **Cancer registry data elements**
- ☐ **Imaging Data collected for research**
- ☑ **Other**

* **Please Specify:**
The study population will be drawn from speech-language pathologists (SLPs) registered with the American Speech-Language-Hearing Association (ASHA). SLP providers will be invited to participate in a web-based survey. A random sample of registered inpatient SLP providers is available from ASHA for 21 cents per member contact information. Prospective participants will be mailed a postcard containing basic information on the nature of the study, and are provided the study site URL.

10. **Provide any additional information about your recruitment process:**

11. **JHM-IRB waiver of privacy authorization (HIPAA Form 4)**

Required for:

- **Chart/record review without participant consent/authorization**
- **Receiving PHI from a referring Clinician not on the study team**
- **Conducting telephone screening prior to obtaining written consent**

Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document.)

Title	Date Modified	Version	Status
There are no items to display			

14 - Consent and Waivers

1. * **Check the type(s) of consent planned for this study:**

- ☐ **Written Consent**
- ☐ **Oral Consent**
- ☐ **Consent Waiver**
- ☑ **Survey/questionnaire research**

The following text should be added to your questionnaire:

Your completion of the survey or questionnaire will serve as your consent to be in this research study.

- ☐ ***In vitro* diagnostics**
- ☐ **None of the above**

20 - Supplemental Study Documents

You are not required to submit standard and recognized questionnaires or tests if they have not been altered for specific use in this study.

1. **Upload supplemental study document(s) requiring a JHM IRB approval logo:**

Click Add to upload a new document. Click Update to upload a revised version of the existing document. (Click History to see all uploaded versions of an existing document)

Title	Date Modified	Version	Status
There are no items to display			

2. **Upload supplemental study document(s) not requiring a JHM IRB approval logo:**

Click Add to upload a new document. Click Update to upload a revised version of the existing document. (Click History to see all uploaded versions of an existing document)

	Title	Date Modified	Version	Status
View	conset page(1)	1/8/2017 12:28 PM	1	Submitted
View	Survey data collection form(2)	2/22/2018 1:59 PM	2	Submitted
View	Questionnaire A(0.01)	11/25/2019 10:32 AM	0.01	Submitted
View	Questionnaire B(0.01)	11/25/2019 10:33 AM	0.01	Submitted
View	Vignettes(0.01)	11/25/2019 10:33 AM	0.01	Submitted

Application
IRB00119815
Romanus Faigle

21 - Drugs

1. * **Will participants receive any drugs, substances, or biologicals that are specified by name in the protocol (FDA approved or investigational)?**
   ○ Yes ● **No**

Application
IRB00119815
Romanus Faigle

22 - Devices

1. * **Will any devices be studied in this research (including devices which are FDA-approved for marketing)?**
   ○ Yes ● **No**

2. * **Will any investigational devices (non-FDA-approved for marketing or used according to non-FDA-approved indications) be used in this research?**
   ○ Yes ● **No**

Application
IRB00119815
Romanus Faigle

23 - Human Biological Samples

1. * **Will human biological samples (e.g., blood, cells, tissue, urine) be used in this research?**
   ○ Yes ● **No**

Application
IRB00119815
Romanus Faigle

24 - Institutional Biosafety Committee

1. * **Will any of the following be used in this research?**

- ☐ **Recombinant or synthetic nucleic acid molecules**
- ☐ **Potential infectious agents or viral-based vectors**
- ☐ **Biological toxins**
- ☑ **None of the above**

Application
IRB00119815
Romanus Faigle

25 - Genetic and Laboratory Testing

1. * **Does the study involve any of the following where an individual's results will be disclosed?**
No

26 - Imaging/Radiation

1. * **Does this study involve imaging (e.g., MRI, CT, PET, x-rays, ultrasound, fluoroscopy or nuclear medicine)?**
○ Yes ● **No**

32 - Data and Safety Monitoring Plan

Is the Data and Safety Monitoring Plan described in the protocol? (This is legacy data and is being display as read only.)
Yes

1.0 * **Indicate the methods for data safety monitoring that will be used for this research:**
- ☐ **The principal investigator will have sole responsibility for monitoring and oversight of problem/events**
- ☐ **A group of designated Hopkins/Affiliates faculty/staff will have responsibility for monitoring, oversight of adverse events and other protocol events**
- ☐ **An independent individual or group of non-Hopkins/Affiliates individuals (e.g., coordinating center) will have responsibility for monitoring, oversight of adverse events and other protocol events**
- ☐ **A designated medical monitor, or group of monitors for commercially or for not-for-profit sponsored studies, will have responsibility for monitoring, oversight of adverse events and other protocol events**
- ☐ **The SKCCC CRO will have responsibility for monitoring, oversight of adverse events and other protocol events**
- ☐ **A formal Data and Safety Monitoring Board (DSMB) or Data Monitoring Committee (DMC)will have responsibility for monitoring, oversight of adverse events and other protocol events**

2.0 **Describe the data and safety monitoring plan in the text box below or upload a document detailing this plan. Please address the following in your plan:**

• procedures for analysis and interpretation of data
• actions to be taken concerning specific events or end points
• time points for review and reporting procedures

*Click **Add** to upload a new document. Click **Update** to upload a revised version of the existing document. (Click **History** to see all uploaded versions of an existing document)*

Title	Date Modified	Category	Version	Status
There are no items to display				

3.0 **Provide data safety monitoring information, including IND safety reports from other study sites** (This is legacy data and is being displayed as read only.):
*Click **History** to see all uploaded versions of an existing document*

Title	Date Modified	Version	Status
There are no items to display			

34 - SKCCC CRO

1. * **Is this study cancer related (e.g., cancer prevention, screening, therapeutic, diagnostic, etc.), involving cancer patients, using cancer center facilities/resources?**
○ Yes ● **No**

* **Does this study involve a drug that will be administered/dispensed in the Weinberg IDS?**
○ Yes ● **No**

36 – Data Confidentiality

1.0 * **I confirm that all the procedures listed below will be used to protect the confidentiality of data and samples collected and stored for research purposes:**
● **Yes** ○ No

- Only authorized persons will be granted access
- Only authorized persons may enter and view study data
- Passwords and system IDs will not be shared
- Physical security of the workstations/files will be maintained
- Adequate back-up plan is in effect
- Staff trained on data entry system and importance of security procedures
- Workstations with databases will not be left unattended

3.0 * **Will PHI or other confidential information be stored on laptops or other mobile devices (such as mobile phones, tablets, netbooks, flash drives and other portable storage devices) for this study?**
○ Yes ● **No**

4.0 * **Will a Certificate of Confidentiality be obtained for this study?**
○ Yes ● **No**

Study Team Information

1.0 * **Study Team member:**
Bridget Chen

2.0 * **Study Team role:**
Study Coordinator

3.0 * **Primary Affiliation:**
Neurology - Broadway

4.0 * **Will this study team member be consenting participants for this study?**
● **Yes** ○ No

5.0 **Is this study team member a physician-investigator or mid-level provider who will be consenting participants for this study?**
○ Yes ○ No

6.0 **Will this person serve as a lead study coordinator?**
○ Yes ● **No**

Study Team Information

1.0 * **Study Team member:**
Lisa Cooper

2.0 * **Study Team role:**
Co-Investigator

3.0 * **Primary Affiliation:**
General Internal Medicine - Broadway

4.0 * **Will this study team member be consenting participants for this study?**
○ Yes ● **No**

6.0 **Will this person serve as a lead study coordinator?**
○ Yes ○ No

Study Team Information

1.0 * **Study Team member:**
Marlis Gonzalez Fernandez

2.0 * **Study Team role:**
Co-Investigator

3.0 * **Primary Affiliation:**
Physical Medicine & Rehabilitation - Broadway

4.0 * **Will this study team member be consenting participants for this study?**
○ Yes ● **No**

6.0 **Will this person serve as a lead study coordinator?**
○ Yes ○ No

Study Team Information

1.0 * **Study Team member:**
Rebecca Gottesman

2.0 * **Study Team role:**
Co-Investigator

3.0 * **Primary Affiliation:**
Neurology - Bayview

4.0 * **Will this study team member be consenting participants for this study?**
○ Yes ● **No**

6.0 **Will this person serve as a lead study coordinator?**
○ Yes ○ No

Study Team Information

1.0 * **Study Team member:**
Nae Yuh Wang

2.0 * **Study Team role:**
Co-Investigator

3.0 * **Primary Affiliation:**
Bloomberg School of Public Health

4.0 * **Will this study team member be consenting participants for this study?**
○ Yes ● **No**

6.0 **Will this person serve as a lead study coordinator?**
○ Yes ○ No