

Use this form when **adding** new members to the Duke research team on an approved protocol. Removing staff can be done via [email](#).

The form should be submitted as an e-mail attachment to IRB staff at campusirb@duke.edu. Faxed, scanned, and electronic personnel signatures are acceptable. A typed name is not.

Project Title:	Understanding Prosecutorial Discretion
IRB Protocol Number:	2023-0499
Researcher(s):	Nicholas Eubank
Submission Date:	5.18.23

If you want to add researchers from another institution, [contact an IRB staff member](#).

All signatories certify to the following:

1. I will not begin the research until written approval is secured from the IRB. Note: New personnel must be [certified to conduct research with human subjects](#).
2. I will conduct this study as described in the approved protocol.
3. If any changes are anticipated, I will submit a [Request to Amend an Approved Protocol](#), and I will not implement the changes until I receive approval from the IRB.
4. I will contact the IRB staff promptly if any of the following events occur: unanticipated risks of harm to subjects, protocol deviations, and findings during the study that would affect the risks of participation.

Name: Aditya John	Department or School: Duke Graduate School
E-mail Address & NetID: aditya.john@duke.edu ; aj391	Phone Number: 9849443779
<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/> Graduate student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research associate <input type="checkbox"/> Other:	
Signature: <i>Aditya</i>	Date: 09/08/2023

Name:	Department or School:
E-mail Address & NetID:	Phone Number:
<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research associate <input type="checkbox"/> Other:	
Signature:	Date:

Name:	Department or School:
E-mail Address & NetID:	Phone Number:
<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research associate <input type="checkbox"/> Other:	
Signature:	Date:

Name:	Department or School:
E-mail Address & NetID:	Phone Number:
<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research associate <input type="checkbox"/> Other:	
Signature:	Date:

Name:	Department or School:
E-mail Address & NetID:	Phone Number:
<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Postdoc <input type="checkbox"/> Research associate <input type="checkbox"/> Other:	
Signature:	Date:

For IRB Office Use Only:

Amendment #:	
Reviewed by:	<input type="checkbox"/> IRB Designee <input type="checkbox"/> IRB Member
Reviewed as:	<input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full
Approved by IRB Member _____ on _____.	
OR Approved by IRB Designee _____ on _____.	