**This form effective September 6, 2022**

Use this form when adding new members to the Duke research team on an approved protocol. Removing staff can be done via [email](mailto:campusirb@duke.edu).

The form should be submitted as an e-mail attachment to IRB staff at [**campusirb@duke.edu**](mailto: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**](https://campusirb.duke.edu/node/23)**.**

**All signatories certify to the following:**

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](https://campusirb.duke.edu/node/57).

I will conduct this study as described in the approved protocol.

If any changes are anticipated, I will submit a [Request to Amend an Approved Protocol](https://campusirb.duke.edu/node/22), and I will not implement the changes until I receive approval from the IRB.

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: | Phone Number: |
| Faculty  Undergraduate  Graduate student  Postdoc  Research associate  Other: | |
| Signature: | Date: |

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| Name: | Department or School: |
| E-mail Address & NetID: | Phone Number: |
| Faculty  Undergraduate  Graduate student  Postdoc  Research associate  Other: | |
| Signature: | Date: |

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| --- | --- |
| Name: | Department or School: |
| E-mail Address & NetID: | Phone Number: |
| Faculty  Undergraduate  Graduate student  Postdoc  Research associate  Other: | |
| Signature: | Date: |

**For IRB Office Use Only:**

Amendment #:

Reviewed by:  IRB Designee  IRB Member

Reviewed as:  Exempt  Expedited  Full

Approved by IRB Member on .

**OR** Approved by IRB Designee on .