Rev. Date 10.6.2023

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| **VCU IRB**  **PRINCIPAL INVESTIGATOR ELIGIBILITY FORM** | | | | | | |
| For guidance on who can serve as PI, see HRP-103 Investigator Manual athttps://research.vcu.edu/human-research/hrppirb/hrpp-policies-and-guidance/ | | | | | | |
| **The purpose of this form is to request PI status for non-VCU/VCUHS employees who have faculty status. The form should be completed by the sponsoring department head and dean.** | | | | | | |
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| 1. Principal Investigator: List Name as it exists in the Human Resource System (HRS) | | | | | | |
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| Name (Last, First, MI): |  | | | | | |
| PI Title and Degrees: |  | | | | | |
| VCU Department: |  | | | | | |
| VCU Box #(provide 6-digit box #): |  | | | | | |
| Phone/Pager/Fax #s: |  | | | | | |
| VCU Email: |  | | | | | |
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| **2. describe the individual’s experience serving as a pi, co-investigator, or collaborator on human research protocols:** | | | | | | |
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| **3. address the individual’s demonstrated ability to carry out the responsibilities of pi, including administrative management of protocols:** | | | | | | |
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| **4. identify any recommended limitations to this individual’s ability to serve as pi (e.g., only for minimal risk research):** | | | | | | |
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| **Statement of Verification** | | | | | | |
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| **Department/Division Chairperson and Dean Statement:** | | | | | | |
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| I certify that this individual is qualified to oversee this research as principal investigator. | | | | | | |
|  | | | | | | |
| **Name, Degrees, Title of Department/Division Chairperson:** | |  | | | | |
| **Signature of Department/ Division Chairperson:** | |  | | **Date of Signature:** |  | |
|  | |  | | | | |
| **Name, Degrees, Title of Dean:** | |  | | | | |
| **Signature of Dean:** | |  | | **Date of Signature:** | |  |
|  | | | | | | |
| **Principal Investigator Statement:** | | | | | | |
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| I understand and accept responsibility for ensuring the safety and welfare of all human subjects who participate in the proposed research project. I certify that I have adequate expertise, resources, and time to fulfill my responsibilities as principal investigator. | | | | | | |
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| **Signature of Investigator:** |  | | **Date of Signature:** | | |  |
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| **submission instructions** | | | | | | |

**Submit this form in RAMS-IRB along with the individual’s appointment letter denoting faculty status at VCU.**