**Protocol Title:**

**Principle Investigator:**

Indicate Total Number of Sub-investigators participating in the Research Protocol

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| **Co-Investigator (1)**  Name:  Title:  Institution/ Department:  Telephone:  Email:  Human Subjects Ethics Education (CITI, HIPAA) |
|  |
| **Co-Investigator (2)**  Name:  Title:  Institution/ Department:  Telephone:  Email:  Human Subjects Ethics Education (CITI, HIPAA) |
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| **Co-Investigator (3)**  Name:  Title:  Institution/ Department:  Telephone:  Email:  Human Subjects Ethics Education (CITI, HIPAA) |