**IRB & DSRB Application Form**

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| **OFFICIAL USE ONLY** | |
| **Doc Name :**  IRB & DSRB Application Form– Study Team Member List for FCOI Declaration | |
| **Doc Number :** 205-031 | |
| **Doc Version :** 4.0 | **Date :** 27 November 2019 |

**Study Team Member List for FCOI Declaration**

**PROTOCOL TITLE:**

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| **Study Team Members:**  *Note:*   1. *Please list any other team members who are not listed in Section B1(ii) of the Biomedical Study Application Form/Section B2 of the Population Health Study Application Form & are involved in the design, conduct or reporting of the research study (E.g. Research nurses, research coordinators, etc).* 2. *If there are changes to study team members, please update DSRB only at the point of study renewal.*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Full Name** | **Study Role** | **Institution** | **Department** | **Email**  **(Please provide the details used on the NHG Research Online Administration & Management [ROAM] portal, if applicable)** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |