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| **Involved in Consent** | **[ ]  Yes [ ]  No**  |
| **All personnel are required to complete a Financial Conflict of Interest Disclosure**  |
| **Conflict of Interest Disclosure Completed:** [ ]  Yes [ ]  No **Conflict of Interest Disclosure information, including links to training and forms may be found on the Drexel FCOI website:** [Financial Conflict of Interest (FCOI) | Office of Research & Innovation | Drexel University](https://drexel.edu/research/compliance/coi/financial-COI/) |
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| **Mandatory Training** | **Protocol- or Sponsor-Specific Requirements** |
| **[ ]  CITI Conflict of Interest***\*Recertification every 4 years* | Date:  | **[ ]  CITI Health Information Privacy and Security (HIPS)** *\*Recertification every 3 years*\*\*Required when using Protected Health Information | Date:  |
| **[ ]  CITI Human Subjects Research***\*Recertification every 3 years* | Date:  | **[ ]  CITI Good Clinical Practice (GCP)***\*Recertification every 3 years*\*\*Required when funded by NIH or protocol adheres to GCP | Date:  |
|  |  | **[ ]  CITI Export Compliance***\*Annual Recertification* | Date:  |
|  |  | **[ ]  Responsible Conduct of Research (RCR)***CITI or DU course*\*\*Required with NSF funding | Date:  |
|  |  | **[ ]  Biological Shipment Training***\*Annual Recertification* | Date:  |
|  |  | **[ ]  Laboratory Safety Training***\*Annual Recertification**DU or Evidence of Facility Training* | Date:  |
|  |  | **[ ]  Bloodborne Pathogen Training***\*Annual Recertification**DU or Evidence of Facility Training* | Date:  |
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| **Signature Acknowledgement** |
| By signing below you are verifying that you will conduct this Human Research in accordance with requirements in the [INVESTIGATOR MANUAL](https://drexel.edu/~/media/9BD48849D3AB41A883D7BC7662E858D1.ashx). |
| Signature | Date |
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