Notification of Relational Conflict

Study Title:

PI Name:

IRB # if applicable:

IACUC # if applicable:

IBC # if applicable:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that in the \_\_[name of project]\_\_\_\_\_\_\_\_\_\_ lab of \_[PI name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a potential conflict of interest may arise because his/her spouse, \_\_\_[spouse name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, also conducts research in the lab, is study personnel for this study, and/or is involved in my training as a researcher. I understand that should a conflict arise that I do not feel comfortable resolving with \_\_[PI name]\_\_\_\_\_\_\_\_\_\_\_\_, then I am encouraged to speak with \_[name and title]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_[phone]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or contact the Office of Research Protections at 828.262.2692 or at coi@appstate.edu.

Student Signature Date

Principal Investigator Signature Date