

**APPENDIX B: STUDY PERSONNEL INFORMATION**

Please identify all persons involved in the study including those who have access to personal health information and health records (for recruitment purposes).

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| 1 | First and Last name: | Institution:  Email: |
| Qualifications: | Role in Study:  Screening and Participant Identification  Recruitment  Consent  Participant Interaction  Data Collection  Data Entry  Data Analysis  Accessing Personal Health Information  Other (please specify): |
| 2 | First and Last name: | Institution:  Email: |
| Qualifications: | Role in Study:  Screening and Participant Identification  Recruitment  Consent  Participant Interaction  Data Collection  Data Entry  Data Analysis  Accessing Personal Health Information  Other (please specify): |
| 3 | First and Last name: | Institution:  Email: |
| Qualifications: | Role in Study:  Screening and Participant Identification  Recruitment  Consent  Participant Interaction  Data Collection  Data Entry  Data Analysis  Accessing Personal Health Information  Other (please specify): |
| 4 | First and Last name: | Institution:  Email: |
| Qualifications: | Role in Study:  Screening and Participant Identification  Recruitment  Consent  Participant Interaction  Data Collection  Data Entry  Data Analysis  Accessing Personal Health Information  Other (please specify): |
| 5 | First and Last name: | Institution:  Email: |
| Qualifications: | Role in Study:  Screening and Participant Identification  Recruitment  Consent  Participant Interaction  Data Collection  Data Entry  Data Analysis  Accessing Personal Health Information  Other (please specify): |