<insert Sponsor/CRO/HREC address>

<DD-MMM-YYYY>

To whom it may concern,

**RE: Change of Principal Investigator (PI) responsibilities from <Current Principal Investigator> to <new Principal Investigator> from <DD-MMM- YYYY>.**

**STUDY:** <Study Name and Number>

**SPONSOR:** <Sponsor Name>

The <name of person/Epworth research group > would like to inform you that as of <DD-MMM-YYYY>, <Name of Principal Investigator> will no longer be responsible for the above mentioned study as <Reason/rationale for change of PI>. < Name of New Principal Investigator) > will be assuming Principal Investigator responsibility for this study.

Study procedures and documents will be updated as per Epworth HealthCare Standard Operating Procedures and where applicable per instruction from the Sponsor.

Yours Sincerely,

<insert name>

Effective Date – DD-MMM-YYYY.

DECLARATIONS:

I confirm transfer of all study related Principal Investigator (PI) responsibilities to

<Name of New Principal Investigator>

Print Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

I accept transfer of all study related Principal Investigator (PI) responsibilities from

<Name of Principal Investigator>

Print Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: HREC