HARRISON IRB
AN INDEPENDENT REVIEW BOARD

Additional Site Form

Instructions: Please complete all sections carefully and fax to (740) 421-4014. Harrison IRB requires information from each site where research will be conducted. If you have any questions regarding the completion of this document, please contact Harrison IRB at (740) 845-0814.

Sponsor: _____ Protocol Number: _____

1. Additional Site Information					
Principal Investigator Name					
Site Name (if applicable)					
Address					
City		State		Zip Code	
Phone		Fax			
Email					
Website					
a. Site Contact for Additional Site					
Name		Title			
Phone		Email			

b. Is this site under the jurisdiction of its own IRB? ☐ Yes ☐ No

c. Will any procedures for this project conducted at this site require notification to its own IRB? ☐ Yes ☐ No

(If you answered **yes** to questions b or c, please submit the Waiver of Jurisdiction Form)

d. What type of facility is this site?

☐ Medical Office ☐ University
☐ Hospital ☐ Research Clinic
☐ Other: _____

e. Is this site equipped to handle medical emergencies? ☐ Yes ☐ No
If no, how close is the nearest facility that can handle emergencies: _____ and what is the name of the facility: _____

f. Does the principal investigator or sub-investigator(s) have jurisdiction staff privileges at this facility? ☐ Yes ☐ No

g. If no, please provide the name and phone number of the physician at this facility who will attend to these participants: Physician: _____ Phone: _____

h. Please explain how the physician and principal investigator will communicate with each other in the event a participant is admitted to this facility: _____

_____

2. Research Staff (as listed on the FDA Form 1572)		
a. Name of Research Staff	Title of Research Staff	Activities/Responsibilities for this study

3. Site Activities/Information

a. Please select the activities that will be performed at this additional site.

☐ (A) Administrative/No Subject Contact ☐ (B) Consent Process ☐ (C) Regulatory Activities
☐ (D) Study Related Procedures ☐ (E) Study Visits ☐ (F) Other: _____

PI Signature: _____ **Date:** _____