

Additional Facility Form

Instructions: Please read and complete all sections carefully. Please fill in all sections exactly as you would like them to appear on all documents. If there is not enough space for all of your additional facilities, please attach an additional sheet.

Sponsor:	Protocol #:
Principal Investigator's Name:	

Additional Research Facility #1

Site Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	
Approximate distance from main facility:		
Is this facility equipped to handle emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this facility is not a hospital, please name the facility to be used in case of an emergency.		
Is this additional research facility under the jurisdiction of another IRB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the IRB Waiver.		

Additional Research Facility #2

N/A

Site Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	
Approximate distance from main facility:		
Is this facility equipped to handle emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this facility is not a hospital, please name the facility to be used in case of an emergency.		
Is this additional research facility under the jurisdiction of another IRB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the IRB Waiver.		

I, the Principal Investigator, certify that I will oversee the conduct of study procedures and the performance of my study staff at the research facilities identified above. These facilities are a safe, non-coercive, appropriate location for the conduct of study procedures required by the research protocol.

Principal Investigator Signature

Date