



National Marrow Donor Program Institutional Review Board

MEMBER NOMINATION FORM

This form is to be used for nominating an individual (including self-nomination) for NMDP IRB membership

1. Nominee/Individual information:

Name: (include full name and highest degree earned)

Institution:

Title:

Complete mailing address:

Phone number:

E-mail address:

2. Application Completed by (if different from the nominee)

Name: (include full name and highest degree earned)

Institution:

Title:

Complete mailing address:

Phone number:

E-mail address:

3. The NMDP IRB is a formal designated group whose primary role is to review research involving cellular therapies. Please describe the nominee's professional or life experience (if any) serving on and IRB or ethics committee:

4. The Primary focus of the NMDP IRB human subject review is research involving cellular therapies. Please describe the nominee's professional or life experience (if any) relating to cellular therapies, bone marrow transplant, or blood cancers:

5. The NMDP IRB is comprised of scientific and nonscientific members. Scientific members have training, background, and occupations that incline them to view research activities from the standpoint of a scientific discipline (e.g., physicians, researchers). Nonscientific members have training, background, and occupations that incline them to view research activities from outside scientific disciplines (e.g. ethics, law, public policy, advocacy). Based on the nominee's experience, please check one of the following:

☐ Nominee's primary expertise is scientific: Explain:

☐ Nominee's primary expertise is nonscientific: Explain:

☐ Not sure

6. The NMDP IRB consists of a diverse membership with consideration of race, gender, cultural background, and sensitivity to community issues. Please describe how the nominee would contribute to the diversity of the NMDP IRB:

7. Does the nominee have experience in working with any of the following vulnerable populations? (Check all that apply.)

☐ Children

☐ Pregnant women

☐ Prisoners

☐ Adults with impaired decision-making capacity requiring a legally authorized representative (LAR)

☐ Limited or non-readers (e.g. illiterate, sight impaired)

☐ Others (e.g., educationally or economically disadvantaged) Specify:

8. Does the nominee conduct research in any bone marrow transplantation consortiums such as The Blood and Marrow Transplant Clinical Trials Network (BMT CTN)?

☐ Yes. Specify:

☐ No

☐ Not sure

9. Does the nominee have any of the following qualifications (check all that apply)?

☐ A former bone marrow, peripheral blood stem cell, or cord blood donor or has experience as a donor advocate. Specify:

☐ A hematopoietic cell transplant (HCT) recipient or a caregiver for someone who has had a HCT. Specify:

☐ No

☐ Not sure

10. At least one member of the NMDP IRB must not be affiliated with the NMDP or be a part of the immediate family of a person affiliated with the NMDP. Please check one of the following:

☐ Nominee is not affiliated with the NMDP

☐ Nominee is affiliated with the NMDP. Explain:

If you are not the nominee:

11. Please describe your relationship to the nominee:

12. May we disclose your identity to the nominee if we choose to contact them?

☐ Yes

☐ No, please keep my nomination anonymous

Please note: The NMDP IRB does not allow any member to participate in review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

Signature

Date

Email completed application and the nominee's Curriculum Vitae (CV) to IRBStaff@nmdp.org