National Marrow Donor Program® Institutional Review Board

**NMDP Single IRB**

**Signatory Institution Enrollment Form**

Initial Submission: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Revised Submission: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section A: Signatory Institution Information**

(Institution of Signatory Official who signs the IRB Authorization Agreement)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signatory Institution Name: | | | | |
| Street Address: | | | | |
| Street Address #2: | | | | |
| City: | | State: | Zip: | |
| OHRP Federalwide Assurance (FWA) Number: | | | | |
| **Identify the Signatory Official at the Signatory Institution** | | | | |
| First Name: | Last Name: | | | Degree: |
| Role: | Email Address: | | | |
| Telephone Number: | Extension: | | | |
| **Research Oversight** | | | | |
| Does the Signatory Institution operate an internal IRB? *Circle one:* YES NO | | | | |
| **Identify the Signatory Primary Contact Person(s)** – individual(s) who will serve as the primary point of contact for NMDP IRB related issues at the Signatory Institution | | | | |
| First Name: | Last Name: | | | Degree: |
| Role: | Email Address: | | | |
| Telephone Number: | Extension: | | | |
| First Name: | Last Name: | | | Degree: |
| Role: | Email Address: | | | |
| Telephone Number: | Extension: | | | |

**Section B: Component Institutions as Defined by the NMDP Single IRB**

|  |  |  |
| --- | --- | --- |
| Component Institutions are defined by the NMDP Single IRB as meeting **ALL** of the following criteria:   * the Component Institution operates under a different name from the Signatory Institution, but the Signatory Institution has legal authority for the Component Institution; * the FWA number for the Component Institution is the same as the Signatory Institution; * the local context considerations of the Component Institution are the same as the Signatory Institution. Local context considerations are reported by the Signatory Institution in the Signatory Institution Local Context Worksheet; * the boilerplate language and institutional requirements of the Component Institution are the same as the Signatory Institution. The boilerplate language and institutional requirements are reported by the Signatory Institution in the Signatory Institution Local Context Worksheet; and * the conduct of research at the Component Institution is monitored by the same office as the Signatory Institution.   List all Component Institutions that meet the NMDP Single IRB’s definition. (NOTE: Information about Affiliate Institutions is captured in Section C.) | | |
| **Component Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| **Component Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| **Component Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |

**Section C: Affiliate Institutions as Defined by the NMDP Single IRB**

|  |  |  |
| --- | --- | --- |
| Affiliate Institutions are defined by the NMDP Single IRB as meeting **ALL** of the following criteria:   * the local context considerations of the Affiliate Institution are the same as the Signatory Institution. Local context considerations are reported by the Signatory Institution in the Signatory Institution Local Context Worksheet; * the boilerplate language and institutional requirements of the Affiliate Institution are the same as the Signatory Institution. The boilerplate language and institutional requirements are reported by the Signatory Institution in the Signatory Institution Local Context Worksheet; and * the conduct of research at the Affiliate Institution is monitored by the same office as the Signatory Institution.   List each Affiliate Institution that meets the NMDP Single IRB’s definition. | | |
| **Affiliate Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| FWA Number: | | |
| **Affiliate Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| FWA Number: | | |
| **Affiliate Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| FWA Number: | | |
| **Affiliate Institution Information** | | |
| Institution Name: | | |
| Street Address: | | |
| Street Address #2: | | |
| City: | State: | Zip: |
| FWA Number: | | |

**Email this form to** [**NMDPSIRB@nmdp.org**](mailto:NMDPSIRB@nmdp.org)**. Questions? Email** [**NMDPSIRB@nmdp.org**](mailto:NMDPSIRB@nmdp.org)**.**