

CUNY HRPP Form for Selecting the IRB of Record

Project Information

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|--|---------------------------------|
| 1. Title of the Project | |
| 2. Ideate Protocol Number (if applicable) | |
| 3. CUNY PI Name (First and Last) | |
| 4. CUNY PI's Email Address | |
| 5. CUNY College (PI's Primary Affiliation) | PULL DOWN MENU OF CUNY COLLEGES |

Participating Site 1

| | | |
|--|---|--|
| Site 1. Are you requesting this Site be included in the IRB Authorization Agreement? YES / NO <i>if yes:</i> Does this Site have an IRB? YES / NO <i>if Yes, please include:</i> IRB #: FWA#: | Name of Site: | |
| | Name of PI at this Site: | |
| | <u>To be completed by PI:</u> Please describe the role of this Site in the Human Subject Research (HSR) | |
| | <u>To be completed by Campus HRPP Coordinator:</u> <u>If this is a Non-CUNY Site:</u> Name and contact information for person granted authority to review and execute an IRB Authorization Agreement on behalf of this Site, if applicable. | Is this Site engaged in HSR? YES NO |
| | | Name: _____ Title: _____ Institution: _____ Address: _____ _____ Tel #: _____ Email: _____ |

Participating Site 2

| | | |
|--|--|--|
| Site 2. Are you requesting this Site be included in the IRB Authorization Agreement? YES / NO <i>if yes:</i> Does this Site have an IRB? YES / NO <i>if Yes, please include:</i> IRB #: FWA#: | Name of Site: | |
| | Name of PI at this Site: | |
| | <u>To be completed by PI:</u> Please describe the role of this Site in the Human Subject Research (HSR) | |
| | <u>To be completed by Campus HRRP Coordinator:</u> <u>If this is a Non-CUNY Site</u> Name and contact information for person granted authority to review and execute an IRB Authorization Agreement on behalf of this Site, if applicable. | Is this Site engaged in HSR? YES NO Name: _____ Title: _____ Institution: _____ Address: _____ _____ Tel #: _____ Email: _____ |

Participating Site 3

| | | |
|--|--|--|
| Site 3. Are you requesting this Site be included in the IRB Authorization Agreement? YES / NO <i>if yes:</i> Does this Site have an IRB? YES / NO <i>if Yes, please include:</i> IRB #: FWA#: | Name of Site: | |
| | Name of PI at this Site: | |
| | <u>To be completed by PI:</u> Please describe the role of this Site in the Human Subject Research (HSR) | |
| | <u>To be completed by Campus HRRP Coordinator:</u> <u>If this is a Non-CUNY Site</u> Name and contact information for person granted authority to review and execute an IRB Authorization Agreement on behalf of this Site, if applicable. | Is this Site engaged in HSR? YES NO Name: _____ Title: _____ Institution: _____ Address: _____ _____ Tel #: _____ Email: _____ |

Participating Site (Additional)

Additional Sites:

YES

NO

Are there additional sites to be included:

if Yes, How many:

***Please attach a separate page to identify additional sites. Provide the same information as requested for the other Participating Sites shown on this form.**

Funding

Has funding been awarded for this study /or are you seeking funding? YES

NO

If Yes, Please answer the following questions:

What is the funding source?

Which site is the Prime Recipient of the funding?

*Note: Site 1, 2, 3 names are auto filled taken from Site Name in Participating Site box above. If you make a name change here it will be copied to other parts of the form.

Site 1

Site 2

Site 3

Site

Name:

IRB of Record

Which site is the Proposed IRB of Record?

*Note: Site 1, 2, 3 names are auto filled taken from Site Name in Participating Site box above. If you make a name change here it will be copied to other parts of the form.

Site 1

Site 2

Site 3

Site

Name:

Please describe the rationale for selecting this Site as the IRB of Record: