HRP-815 | 11/2/2023

FORM: Institutional Profile

The purpose of this form is to record information about the Authorization Agreement established with another institution/organization. If there is more than one Authorization Agreement with another institution/organization, indicate so in the fields below, and describe nuances for those agreement in the spaces provided.[[1]](#endnote-2)

INSTITUTIONAL INFORMATION

**Institution:** Click or tap here to enter text.

**Institutional Official:** Click or tap here to enter text.

**FWA number:** Click or tap here to enter text.

**FWA expiration date:** Click or tap here to enter text.

**FWA information (attach any relevant documentation, if applicable):** Click or tap here to enter text.

**IRB Registration information (attach any relevant documentation, if applicable):** Click or tap here to enter text.

**IORG number:** Click or tap here to enter text.

**IRB roster**: *Attach separately*

|  |  |
| --- | --- |
| **Tribes, states or non-US locations in which this institution conducts FWA-approved research** | **Age of Majority at location** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Relevant tribal, state, or non-US laws, regulations, or policies:** Attach separately any relevant descriptions of tribal, state, or non-US laws, regulations, or policies that are not identified below, such as circumstances that would affect age of consent and who can serve as a Legally Authorized Representative.

QUALITY CONTROL

Describe the IRB quality control mechanisms in place to ensure the integrity of the IRB-review process at this site.

**Quality control mechanism:**

AAHRPP Accredited

OHRP IRB Self-Assessment

Established QA/QI Program

Other: (specify) Click or tap here to enter text.

Status: Click or tap here to enter text.

Date of most recent review: Click or tap here to enter text.

AGREEMENTS AND COMMUNICATION

**Authorization Agreement** 1 (Attach agreement separately)

Effective Date: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

Notes: Click or tap here to enter text.

**Authorization Agreement 2** (Attach agreement separately)

Effective Date: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

Notes: Click or tap here to enter text.

**Communication plan:** If not described in the Authorization Agreement, indicate the plan for communicating with this site.

Click or tap here to enter text.

CONSENT FORM INSTRUCTIONS

Provide site-specific information that must be included in consent forms used at this site.

Click or tap here to enter text.

RECRUITMENT MATERIAL INSTRUCTIONS

Provide site-specific content or procedural information regarding the recruitment process.

Click or tap here to enter text.

ROUTE RNIs TO THIS INSTITUTION FOR REVIEW WHEN THEY ARE THE sIRB?

**Yes** - RNIs will be routed directly to the sIRB for multi-site studies

**No** - RNIs will be routed locally before being sent to the sIRB for review

STAFF MEMBERS WHO WILL SERVE AS POINTS OF CONTACT FOR THIS INSTITUTION

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Phone** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

ELIGIBILITY AND RELIANCE

**This institution is eligible to be a participating site on a multi-site study.**

Yes

No

**This institution is eligible to be a single IRB of record on a multi-site study.**

Yes

No

**This Institutional Profile is currently active.**

☐ Yes

☐ No

1. This document satisfies AAHRPP elements I-9, II.5.B [↑](#endnote-ref-2)