

CUNY HRPP Form for Selecting the IRB of Record

Project Information

1. Title of the Project	
2. Ideate Protocol Number (if applicable)	
3. CUNY PI Name (First and Last) Is PI a Student? Yes No	If Yes, Faculty Advisor Name:
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:	
	To be completed by PI: Please describe the role of this Site in the Human Subject Research (HSR)	
	To be completed by Campus HRPP Coordinator: If this is a Non-CUNY Site: 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

<p>Site 2.</p> <p>Are you requesting this Site be included in the IRB Authorization Agreement?</p> <p>YES / NO</p> <p><i>if yes:</i> Does this Site have an IRB? YES / NO</p> <p><i>if Yes, please include:</i> IRB #: FWA#:</p>	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>	Is this Site engaged in HSR? YES NO
<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.	Name: _____ Title: _____ Institution: _____ Address: _____ _____ Tel #: _____ Email: _____	

Participating Site 3

<p>Site 3.</p> <p>Are you requesting this Site be included in the IRB Authorization Agreement?</p> <p>YES / NO</p> <p><i>if yes:</i> Does this Site have an IRB? YES / NO</p> <p><i>if Yes, please include:</i> IRB #: FWA#:</p>	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>	Is this Site engaged in HSR? YES NO
<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.	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: