#### Sponsor Name: Investigator Last Name:

**Sponsor Protocol #**   **IRB Tracking ID #**

This form is **an addendum** to the WCG IRB Change in Research Form. Submit a separate copy of this page for each additional or relocated site. List only sites at which subjects will be seen.

|  |  |
| --- | --- |
|  | What type of site change does this concern? *[ ]*  Additional site or*[ ]*  Relocated site (change address of an approved research location): The site submitted in this form replaces the site located at: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*. This change is effective as of date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.or*[ ]*  Inactivate one or more sites: Physical address of location(s) to inactivate: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*This change is effective as of date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.or*[ ]*  This is a new mailing address |
|  | **Site:** Name of Research Location: Physical Address: (street, city, state/province, postal code, country) **(*must match part 3 of Canadian QIU form, if applicable*)**Site number assigned by sponsor (optional):  |
|  | **Daytime phone number for subjects to call for questions or injury**: ()  |
|  | **24 hour phone number for subjects to call for questions or injury**: ()  |
|  | Which of the following best describes this location's function?*[ ]*  Medical Office or Research Clinic *[ ]*  Hospital *[ ]*  College/University or Academic Medical Center *[ ]*  Other *(specify):*  |
|  | Does a local IRB have jurisdiction over research over any of the above locations? (If this site is covered by a Master Services Agreement (MSA) or is a member of our Global Research Network (GRN), you may check "No") \*If yes, Submit a "Reliance Agreement" [available on the WCG Clinical Web Site](https://www.wcgclinical.com/irb-resources/irb-forms/) for each site subject to local IRB jurisdiction.  | \*Yes*[ ]*  | No*[ ]*  |
|  | Describe any additional resources available at this location that are relevant to this research: **(optional)**  |
|  | Do any communities around the above location have a negative attitude towards the conduct of research?\*If yes, describe:  | \*Yes*[ ]*  | No*[ ]*  |
|  | Are there any state or local laws that impose additional requirements for research?\*If yes, describe the stricter requirements and cite the law:  | \*Yes*[ ]*  | No*[ ]*  |
|  | Is the distance between any location and the main location greater than 50 miles (80 kilometers)? \*If yes, explain how the PI will provide adequate oversight of the locations:  | \*Yes[ ]  | No*[ ]*  | There is only one site*[ ]*  |