#### 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 | |