#### Sponsor Name: Investigator Name:

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

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

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|  | | **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 | |