African Research Group for Oncology

MEMORIAL SLOAN KETTERING CANCER CENTER

Site Information Form

Site Name:

Location/Address:

Site PI/Email/Phone Number:

Federal Wide Assurance Number? Yes/No. If yes, please provide number:

State any local/international laws/policies that impact the proposed study? (i.e.-Does your IRB require submission on your local protocol template or will they review an outside protocol? If they require their own protocol template a memo documenting policy at your site must be signed and provided):

Does your site have their own consent form template?

Are CVs and Medical Licenses available for all investigators/CPs? If not, please explain process of obtaining medical licenses:

Will research be reviewed by a local IRB or ethics committee? Does the research require a national body to review? Please state approval process below:

Describe the proposed recruitment process:

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Describe the proposed consent process, including local cultural and legal consideration in obtaining informed consent of research volunteers (e.g.-proxy consent by tribe elder, or consent required from husbands, assent in children, thumb print in lieu of signature, etc):

Does your site have a site IRB membership list that they can share?

If applicable to the study, does your site have lab certifications and reference ranges as well as Lab Director CV?

Does your site have an exempt protocol pathway?

What is your site's policy for reporting deviations?

What is your site's policy for processing amendments? Does your IRB stamp the protocol documents submitted for review with protocol number, version and approval date? If not, are they willing to implement this process?