MetroWest Medical Center IRB
85 Lincoln Street, Framingham, MA 01702

Additional Research Location Form

Date:

Complete a separate form for each Additional Location. MWMCIRB defines an Additional Location as any location (beyond the main location) at which subjects will be screened, enrolled, treated, and/or followed.			
1.	Protocol Number and Version Date:		
2.	Title of Study:		
3.	Name of Principal Investigator:		
4.	Name of Secondary Research Site:		
	Address:		
5.	Description of the facility that the research will take place: ☐ Clinic ☐ Emergency Room ☐ Hospital ☐ Private practice (non-research) ☐ Research Facility ☐ Other: _____		
6.	If there is a local IRB, a waiver of jurisdiction must be submitted. If research will be conducted in a hospital, a letter from an institutional official, allowing the conduct of the research, must be submitted. ☐ Waiver Attached ☐ Letter Attached ☐ Not Applicable		
7.	Will study medications/supplies be stored and dispensed at this location?	☐ Yes	☐ No

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8.	How close is your site to the nearest emergency facility? ☐ Less than one Mile ☐ Between 1 and 5 miles ☐ Between 5 and 10 Miles ☐ More than 10 miles ***Include the site SOPs or a brief description of how a medical emergency is handled.***		
9.	Is there emergency equipment at your site? Check all that apply. ☐ Crash cart ☐ Defibrillator ☐ Oxygen ☐ Other: _____	☐ Yes	☐ No
10.	Who will discuss the study with and get the consent of potential study subjects at this location? (Check all that apply). MWMCIRB reviews the qualifications of all investigators and staff obtaining consent, so provide CVs for all individuals or list their qualifications on the attached spreadsheet. ☐ Principal Investigator ☐ Sub-Investigator(s) ☐ Others: _____		
11.	How many subjects do you anticipate enrolling at this site? _____ ***After the study has begun at your site, if you anticipate enrolling more than this number of subjects, MWMCIRB approval must be obtained prior to enrolling additional subjects***		
12.	Which of the following types of subjects will be recruited at your site? (Check all that apply) ☐ Out-patients ☐ In-Patients ☐ General Population ☐ Private Practice Patients		
13.	Will any vulnerable populations be enrolled or are there any circumstances or community attitudes that may affect subjects and/or present a situation of possible coercion? ***If yes, please describe the additional protections in place to alleviate the coercion:***	☐ Yes	☐ No

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14.	Will subjects who do not understand English be enrolled? Subjects who speak the following languages will be enrolled ☐ Spanish ☐ Portuguese ☐ Other: _____	☐ Yes	☐ No

Investigator			
15.	Are you obligated to use another institutional review board for this study? If yes please attach: A. A letter from an institutional official, allowing the conduct of the research must be submitted. B. A waiver of jurisdiction if there is a local IRB	☐ Yes	☐ No

Name of Person Completing Form (contact person for questions):	
Name:	
Title:	
Phone Number:	
Email Address:	
	Principal Investigator Signature

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By signing this form, I acknowledge and agree that:

- All information submitted is accurate.
- No subjects will be consented or enrolled into this study at this study site until final MetroWest Medical Center Institutional Review Board (MWMCIRB) approval has been granted.
- MWMCIRB has the authority to oversee this study and there is no other IRB with jurisdiction of this study at this study site.
- Any and all delegation of my responsibilities as Principal Investigator will be made to individuals qualified and appropriately licensed to carry out the delegated duties.

_____ _____

Principal Investigator (Signature) Date

_____

Principal Investigator (printed name)

PLEASE EMAIL COMPLETED FORMS AND REQUIRED DOCUMENTS TO MWMCIRB@mwmc.com you will receive an acknowledgement once all required information has been submitted.