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| STUDY SUBMISSION FORM: ADDITIONAL STUDY LOCATION | | | | | | | | | |
|--|---|---|--|-------------------|---------------|--------|--------|-----------|--|
| 1. | Sponsor: | | | | Protocol No.: | | | | |
| 2. | Principal Investigator: | | | | | | | | |
| Α. | Name of additional study location: | | | | | | | | |
| В. | Address of additional study location : | | | | | | | | |
| | | | | | | | | | |
| C. | Site Phone: | | | | | | | | |
| D. | Do you want this location's phone number listed on the consent form? | | | | | | | | |
| E. | Contact person: | | | | | Email: | | | |
| F. | Approximate distance from the main site: miles | | | | | | | | |
| G. | Will the Principal Investigator be physically supervising at this location? | | | | | | | | |
| 3. | The following Sub-investigator(s) will be working out of this location: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4. | Nature of the additional facility: | | | | | | | | |
| A. | | Medical office | | Research Facility | | | Imagir | ng center | |
| | | Hospital* | | Clinic | | | Nursir | ng home | |
| | University* Other: | | | | | | | | |
| | * Include letter from appropriate official acknowledging Alpha IRB's review of this study. | | | | | | | | |
| В. | Does the site have adequate resources, including staff to conduct this study? ☐ Yes ☐ No - if no, explain: | | | | | | | | |
| | What equipment and resources are available at this site to treat emergencies? | | | | | | | | |
| | ☐ BLS certified personnel ☐ Emergency medication | | | | | | | | |
| С | ☐ ACLS certified personnel ☐ Crash cart | | | | | | | | |
| 0. | ☐ Emergency response team within facility ☐ Access to 911 | | | | | | | | |
| | Other (please describe): | | | | | | | | |
| | Normal of the magnetic procedures are not applicable to this research. Please explain why: | | | | | | | | |
| D. | Name of the nearest emergency facility to be used in the event of an emergency: Distance of emergency facility from this study site: | | | | | | | | |
| 5. | Informed Consent: | | | | | | | | |
| _ | | Will subjects be consented at this site? ☐ No ☐ Yes | | | | | | | |
| Α. | A. If yes, who will explain the study to subjects and obtain consent at this site? □ PI □ Sub-I □ Research Coordinator □ Other: | | | | | | | site? | |
| 6 | | | | | | | | | |
| 6. | Additional comments: | | | | | | | | |
| Principal Investigator Signature: Date: | | | | | | | | | |