Alpha IRB
1001 Avenida Pico, Suite C #497
San Clemente, CA 92673
T: 949-542-3882 F: 949-940-0134

Full Accreditation

www.alphairb.com

STUDY SUBMISSION FORM: ADDITIONAL STUDY LOCATION

1.	**Sponsor:**			**Protocol No.:**		
2.	**Principal Investigator:**					
A.	Name of additional study location:					
B.	Address of additional study location :					
C.	Site Phone:					
D.	Do you want this location's phone number listed on the consent form?				☐ No ☐ Yes	
E.	Contact person:			Email:		
F.	Approximate distance from the main site: miles					
G.	Will the Principal Investigator be physically supervising at this location?				☐ No ☐ Yes	
3.	**The following Sub-investigator(s) will be working out of this location:**					
4.	**Nature of the additional facility:**					
A.	☐	Medical office	☐	Research Facility	☐	Imaging center
	☐	Hospital*	☐	Clinic	☐	Nursing home
	☐	University*	☐	Other:		
	***** *Include letter from appropriate official acknowledging Alpha IRB's review of this study.*					
B.	Does the site have adequate resources, including staff to conduct this study? ☐ Yes ☐ No - if no, explain:					
C.	What equipment and resources are available at this site to treat emergencies? (e.g. ACLS certified staff, crash cart, access to 911, etc.):					
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:**					
A.	Will subjects be consented at this site? ☐ No ☐ Yes If yes, who will explain the study to subjects and obtain consent at this site? ☐ PI ☐ Sub-I ☐ Research Coordinator ☐ Other:					
6.	**Additional comments:**					
Principal Investigator Signature:				**Date:**		