

### Additional Site Location Form

This form is to be submitted along with Total IRB's Site Submission Form in the event that subjects are to be seen at more than one location during the study.

<b>I. STUDY INFORMATION</b>	
Principal Investigator:	
Protocol Number:	
Sponsor name:	

<b>II. ADDITIONAL SITE INFORMATION</b>		
Name of Additional Location:		
Address:		
City:	State:	Zip Code:
Phone:		
Email:		
<p>1. Will the Principal Investigator work out of this location?    <input type="checkbox"/> Yes    <input type="checkbox"/> No*</p> <p style="margin-left: 40px;">* If No, how often is PI present to provide oversight of clinical research activities conducted at this location?:</p>		
<p>2. Will any Sub-investigators work out of this location?    <input type="checkbox"/> Yes*    <input type="checkbox"/> No</p> <p style="margin-left: 40px;">*If Yes, indicate names of sub-investigators:</p>		

## II. ADDITIONAL SITE INFORMATION

3. What type of facility is this location?

- Research Dedicated Facility
- Private Practice
- Hospital\*
- Other (specify):

\* If research will be conducted in a hospital, a letter from the hospital's institutional official allowing the conduct of the research is required.  attached  not applicable

4. Is there a local IRB with jurisdiction over this location?  Yes\*  No

\*If Yes, attach a waiver of jurisdiction from local IRB and letter from institutional official allowing the conduct of research at the site.

5. Are there state or local laws governing research that impose obligations greater than those imposed by the federal regulations?  Yes\*  No

\*If Yes, attach a description and copies of applicable laws.

6. What category applies to this location?

- Urban
- Suburban
- Rural
- Other (specify):

7. What is the community attitude toward research conducted at this location?

- Neutral
- Positive (explain):
- Negative (explain):

## II. ADDITIONAL SITE INFORMATION

8. How close is this location to the primary research location?

- Less than 1 mile
- Between 1 and 5 miles
- Between 6 and 10 miles
- More than 10 miles

9. How close is this location to the nearest emergency facility?

- Less than 1 mile
- Between 1 and 5 miles
- Between 6 and 10 miles
- More than 10 miles

10. Check the on-site emergency equipment available at this location (check all that apply):

- Crash cart     Defibrillator     Oxygen     Emergency Medications
- CPR certified staff     None     Other:

Attach any additional documentation explaining how medical emergencies are handled at your site.

11. What types of activities will be conducted at this location?

- Informed Consent     Drug Dispensation/Collection     Laboratory Tests
- Protocol Procedures     Administrative/Regulatory     Other (specify):

**III. PERSON COMPLETING FORM**

By submitting this form I certify that the information contained is complete and accurate and that no facts have been suppressed or misstated. The Principal Investigator (PI) is aware of all information in this form and I am authorized to submit to the IRB on the PI's behalf.

---

**Form Completed By**

---

**Date**

---

**Title, Company****Phone:****Email:**