Quorum Review
Site Information Questionnaire

Submission Options
- Electronically: Quorum’s OnQ Portal at www.quorumreview.com
- Fax: (206) 448-4193

For assistance, refer to the Quorum Handbook, contact Quorum’s Site Support Team at SiteSupport@QuorumReview.com or 206-448-4082 Option 1 or 1-877-472-9883 Option 1. The Quorum Handbook and all required forms can be found online at www.quorumreview.com.

Please Note: Site Information Questionnaires that are incomplete or missing required attachments will result in delay of Board review.

SECTION I - All sites must complete this section

1. PRINCIPAL INVESTIGATOR

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<thead>
<tr>
<th>FIRST NAME:</th>
<th>MIDDLE INITIAL:</th>
<th>LAST NAME:</th>
<th>SUFFIX:</th>
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<tr>
<th>MEDICAL/PROFESSIONAL LICENSE#(S):</th>
<th>STATE(S)/ PROVINCE(S):</th>
<th>EXPIRATION DATE(S) (MM/DD/YY):</th>
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IS THIS RESEARCH FEDERALLY FUNDED? ☐ NO ☐ YES, and our Federal-wide Assurance (FWA) number is: (Please attach an explanation if the FWA# is unavailable)

FOR CANADIAN SITES ONLY: Quorum automatically applies the Tri-Council Policy Statement (TCPS) to all studies from Canada. Check the appropriate box and provide the necessary attachment/explanation. (Please note: Quorum does not provide review in some provinces, please refer to the Quorum Handbook or www.quorumreview.com for guidance.)

☐ YES, please apply TCPS to our site (attach a copy of the clinical trial budget)
☐ NO, please do not apply TCPS to our site due to the following reasons listed below. (Check all that apply)
- We do not receive funding that requires application of the TCPS
- Our organization is not required to apply the TCPS and/or we have not voluntarily chosen to apply the TCPS
- Federal, provincial, local, or other regulations/laws do not require application of the TCPS
- Other (Please describe):

FOR QUALIFIED MINIMAL RISK ONLY: Investigators in certain categories of minimal risk studies (e.g. registry, post-marketing, or retrospective chart reviews), complete the following information in lieu of submitting a CV.

Note: Investigators that are not part of qualified minimal risk studies must submit a CV.

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<tr>
<th>PROFESSIONAL DEGREE(S):</th>
<th>M.D.</th>
<th>D.O.</th>
<th>Other (Please specify):</th>
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<th>AREA OF BOARD CERTIFICATION:</th>
<th>N/A</th>
<th>OR</th>
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2. PRIMARY RESEARCH FACILITY (The phone numbers provided below will be included on your consent form)

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<th>FACILITY OR BUSINESS NAME:</th>
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<th>ADDRESS:</th>
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<tr>
<th>CITY:</th>
<th>STATE/PROVINCE:</th>
<th>ZIP/POSTAL CODE:</th>
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<tr>
<th>PHONE:</th>
<th>EMERGENCY/AFTER HOURS:</th>
<th>WEBSITE:</th>
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F-039-005, Quorum Review Site Information Questionnaire – Primary Research Facility, 24Aug2012

A separate Site Information Questionnaire – Additional Research Facility form is required for each additional facility to be used on this study. This form is available at www.quorumreview.com

A collection of Frequently Asked Questions about this form can be found in the Quorum Handbook.
3. COMMUNICATION WITH QUORUM REVIEW (PRIMARY CONTACT)

Please indicate the primary contact for Board communication about this study. (Examples of Board communication will include follow-up about incomplete/unclear answers on this form, Board requests for additional information, etc.)

| CONTACT NAME: |
| FACILITY OR BUSINESS NAME: |
| MAILING ADDRESS: |
| CITY: | STATE/ PROVINCE: | ZIP/POSTAL CODE: |
| PHONE: | FAX: | EMAIL: |

4. INFORMATION ABOUT THE PRINCIPAL INVESTIGATOR

All investigators must include the documents listed below (as applicable) as attachments to this form. Additional attachments may be required as applicable throughout this form. Please refer to the Site Submission Checklist for further requirements.

a. Does the Principal Investigator have clinical research experience with human subjects?

- [ ] NO
- [X] YES, documentation is included in PI's CV
- [ ] YES, documentation is included in attached letter of explanation

b. Has the FDA, OHRP, Canadian Ministry of Health, or other regulatory agency audited this study’s Principal Investigator only within the last 3 years? Copies of all audit documentation--such as Establishment Inspection Reports, Form FDA 483s, warning letters and corresponding investigator responses--issued within the last 3 years must be included with this submission.

- [ ] NO, audits have not taken place within the past 3 years
- [ ] YES, audit(s) have occurred, documentation is attached for audit(s) dated: ______________ (MM/DD/YY)
- [ ] YES, audit(s) have occurred, documentation is not yet available (will be submitted to Quorum as soon as available)
- [ ] YES, audit(s) have occurred, documentation has been previously submitted for audit(s) dated: ______________ (MM/DD/YY)

c. Has the FDA, OHRP, Canadian Ministry of Health, or other government licensing authority ever taken an enforcement action against the Principal Investigator, including issuing a reprimand, restricting his/her ability to conduct research or placing conditions on or otherwise limiting his/her license?

- [ ] NO
- [ ] YES, attach letter of explanation

d. Has any sponsor or Ethical Review Board suspended or terminated any study undertaken at this facility or by the Principal Investigator?

- [ ] NO
- [ ] YES, attach letter of explanation

5. POTENTIAL CONFLICT OF INTEREST

Does the Principal Investigator, the Principal Investigator’s immediate family, the research staff, or research staff’s immediate family have any financial or other relationship with the sponsor or other study-related entities that present or appear to present a conflict of interest? (Disclosable relationships are described in the Quorum Review Conflict of Interest Statement Form and Quorum’s Investigator Handbook.)

- [ ] NO
- [ ] YES, attach a completed Quorum Review Conflict of Interest Statement: Disclosure of Financial Interests and Management Plan Form

Even though you already addressed COI disclosure through UNC, you must also complete this section AND if you answer "yes" to any of the questions in this section, you must also submit the Quorum "Review Conflict of Interest Statement: Disclosure of Financial Interests and Management Plan" form. You should also attach a copy of the COI Finalization Letter (emailed directly to each researcher from the COI office).

A collection of Frequently Asked Questions about this form can be found in the Quorum Handbook

is available at www.quorumreview.com
6. HUMAN RESEARCH PARTICIPANT PROTECTION TRAINING

a. Please indicate the human research participant protection training the Principal Investigator has completed within the past 3 years. (Check all that apply)
   - NO, the PI has not completed any training on human research participant protection. This will be addressed through the following:
     - Investigators Meeting
     - Clinic/CRO/SMO Training
     - Other (e.g. Web Based HRPP training, please describe or identify course/title):

   - YES, the PI has reviewed the FDA Information Sheets, GCP Guidelines, and the Belmont Report.
   - YES, the PI has completed the CITI Program: Course in the Protection of Human Research Subjects. Available through Quorum Review. Please contact us or visit our web site at www.quorumreview.com.
   - YES, the PI has completed the National Institutes of Health (NIH) Training: NIH Clinical Center Clinical Research Training or NIH Office of Extramural Research Protecting Human Research Participants Training.
   - YES, the PI has completed a self-study or other training specific to human research participant protection.
     - Investigators Meeting
     - Clinic/CRO/SMO Training
     - Other (e.g. Web Based HRPP training please describe or identify course/title):

b. Has the Principal Investigator confirmed that the research staff and key personnel at this facility have been trained and are aware of their obligations with regard to human research participant protection regulations?
   - YES
   - NO, please describe how this will be addressed:

7. INFORMATION ABOUT THE PRIMARY RESEARCH FACILITY

a. What study activities will occur at this facility? (Check all that apply)
   - Administrative/regulatory activity
   - Informed consent discussion
   - Screening visit
   - Ongoing study visits
   - Specific procedures associated with study
   - Other (Please specify):

b. Please describe this facility. (Check all that apply. If your facility is Hospital or University affiliated, please include an Institutional Jurisdiction Waiver Form.)
   - Private/Group Practice
   - Hospital or hospital-affiliated
   - University or university-affiliated
   - Research-dedicated facility
   - Residential facility (Please describe):
   - Other (Please specify):

8. RESEARCH RESOURCES

a. Indicate the number of research staff the Principal Investigator will supervise for this study (If none, please enter ‘0’):
   - Number of sub-investigators: ______
   - Number of Clinical Research Coordinators: ______
   - Number of Other staff (such as RNs, regulatory specialists, technicians): ______

b. Indicate the number of research studies the Principal Investigator is currently conducting (If answer is over 10, complete the following questions; if none, enter ‘0’):
   - Number of research staff that the Principal Investigator currently supervises: ______
   - Number of research facilities that the Principal Investigator currently supervises: ______
   - Approximate number of active research participants from all studies: ______
### 9. LOCAL JURISDICTION ISSUES

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<tr>
<td>a. Does another Review Board have jurisdiction over this study? (For example, is the PI affiliated with an institution that has its own Review Board or will participants be registered at a clinic or hospital that has its own Review Board?)</td>
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<td></td>
<td>☒ YES, attach a completed Quorum Review Institutional Jurisdiction Waiver Form</td>
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<td>b. Will a participant be registered in a hospital, university or other institution for any study procedure beyond a minimally or non-invasive study procedure (routinely employed in clinical practice)?</td>
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<td>☒ YES, attach a completed Quorum Review Institutional Jurisdiction Waiver Form and a completed AFSIQ</td>
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<td>c. Will any research procedures occur in a hospital, university or other institution where a local Ethics Review Board has jurisdiction?</td>
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<td>☒ YES, attach a completed Quorum Review Institutional Jurisdiction Waiver Form</td>
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<td>d. Is the Principal Investigator associated with a hospital, university or other institution that requires review of his/her research by a local Ethics Review Board (ERB)?</td>
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<td>☒ YES, attach a completed Quorum Review Institutional Jurisdiction Waiver Form or Institutional Cover Page</td>
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<td>e. Has this protocol previously been submitted by this Principal Investigator or by this facility to any other Ethics Review Board for review?</td>
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<td>☒ YES, attach a Transfer of Jurisdiction Form – Site Level or letter of explanation</td>
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<td>f. Are you aware of any local community attributes (e.g., local events, institutional issues) that may adversely impact the research conducted at this facility?</td>
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<td>☒ YES, attach a letter of explanation</td>
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<td>g. Are you aware of any state, provincial or other local laws governing research that impose obligations greater than those imposed by federal requirements and that Quorum should be aware of?</td>
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<td>☒ YES, attach a description. Copies of the applicable laws should be included if available.</td>
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### 10. PRIVACY OF STUDY PARTICIPANTS

Will your site(s) use the following practices to safeguard the privacy of study participants?

- The site will consent participants in a private setting away from the public (if applicable);
- The site will provide barriers or a private setting if/when participants are required to disrobe;
- The site will not collect sensitive or personal information about a participant that is not necessary for the research.

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<td>☒ YES, ☒ NO, attach letter of explanation</td>
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### 11. CONFIDENTIALITY OF STUDY DATA

Will your site(s) use the following practices to maintain the confidentiality of study data?

- Paper study records will be secured physically (e.g., locked filing cabinets);
- Electronic study records will be protected with electronic safeguards (e.g., computer passwords, access privileges, firewalls, etc.);
- Participant identifying information will be protected from improper use and disclosure (e.g., coding/anonymization practices);
- Confidentiality statements will be required of research staff;
- Access to study records will be limited only to research staff;
- The site will not use collected information for purposes other than the research purposes the participant has specifically consented to and authorized.

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<td>☒ YES, ☒ NO, attach letter of explanation</td>
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SECTION II - Must be completed if your site will interact with participants
(Includes, but not limited to, telephonic, electronic, and written communication)

12. RECRUITMENT OF STUDY PARTICIPANTS

Please attach copies of all recruitment materials prepared by the site to be used for this study. Be sure to include written sponsor pre-approval if required by the sponsor. All recruitment materials must be approved by Quorum before use.

How will participants be recruited for this study? (Check all that apply)
- Principal Investigator’s clinical practice
- Referrals from other clinical practices
- Advertising in the community
- Database of potential participants
- Other (Please describe): ________

13. COMPENSATION OF STUDY PARTICIPANTS

a. Will participants be compensated for participation in this study? (Check only one)
- NO, participants will not be compensated for their participation in this study. (Skip to Question 14)
- YES, participants will be compensated $____ per each completed visit for a total amount of up to $_____. (Complete Question 13b)
- YES, participant compensation amount varies per visit. Please see attached schedule. Please specify number of visits, payment for each visit, and total potential compensation. If total compensation is undetermined please provide an explanation (e.g., participant total will vary depending on which arm of the study a participant is randomized to). Please also include information for any compensation for sub-studies and/or caregivers if applicable. (Complete Question 13b)

b. When will compensation be given to participants? (Check only one)
- At each study visit
- After all participants complete the study
- After a participant’s final visit
- Other (Please specify): ________

14. REIMBURSEMENT OF STUDY PARTICIPANTS

a. Will reimbursement for costs incurred, gift(s), study equipment(s) or other inducement(s) be given to participants? (Check all that apply. See the Quorum Handbook for more information.)
- NO, participants will not be reimbursed for costs or provided gifts, etc. for their participation in this study.
- YES, participants may receive reimbursement for costs incurred, not including the compensation identified in Question 13, (Choose only one and complete Question 14b):
  - $____ per each completed visit for travel and parking expenses up to a total amount of $_____. OR
  - Participants’ reimbursement amount varies per visit. Please see attached schedule. Please specify number of visits, reimbursement for each visit, and total potential reimbursement. If total reimbursement is undetermined please provide explanation (e.g. participant total will vary depending on which arm of the study a participant is randomized to). Please also include information for any reimbursement for costs for sub-studies and/or caregivers, if applicable.
- YES, participants will be offered gift(s) and/or study equipment(s) that will not be required to be returned upon study completion. (Complete the following and Question 14b):
  - Describe gift(s) and approximate total value: $____ Description: ________
  - Describe study equipment(s) and approximate total value: $____ Description: ________

b. When will reimbursement for costs, gifts, etc. be given to participants? (Check only one)
- At each study visit
- After all participants complete the study
- After a participant’s final visit
- Other (Please specify): ________
### SECTION III - Must be completed if your site will consent participants

#### 15. CONSENT FORM

Do you wish to use the model consent form developed by the sponsor and the Board?

- [ ] N/A, this study is a retrospective chart review, database review and/or subject to a waiver of consent
- [X] YES
- [ ] NO, I have included a unique consent form by attaching all three of the following elements:
  - Attached is a tracked, electronic copy of the most current version of the informed consent form sent by email or on disk in Microsoft Word format;
  - Written documentation of sponsor approval;
  - Rationale for each requested change

#### 16. ADDRESS(ES) TO APPEAR ON CONSENT FORM(S)

Please indicate if you want the Primary Research Facility address to appear on your consent form. At least one address must appear on the Consent Form.

Do you want to include the primary research facility address on the consent form?

- [ ] N/A, a Consent Form is not applicable to our site in this study
- [X] YES, additional addresses can be added to your consent form as described on the Additional Facility Site Information Questionnaire (AFSIQ) as applicable
- [ ] NO, an AFSIQ is required if you do not want the primary facility address on your consent form

#### 17. CONSENT PROCESS

**a. Will the informed consent process for participants (including legally authorized representatives and guardians) adhere to the following principles?**

- Informed consent will be obtained prior to initiation of any study procedures (including clinical screening procedures performed for the purpose of determining eligibility for research);
- The person conducting the consent process will spend as much time as is necessary to thoroughly explain and respond to the participant's questions about the study;
- The consent form, if used, will be signed and dated by the participant and the research staff member obtaining consent;
- A copy of the signed and dated consent form, if used, will be provided to the participant to take home;
- An assessment will be made of participant understanding;
- Any additional state/provincial-law requirements will be honored (e.g., by providing California participants a copy of the Experimental Subject's Bill of Rights).

- [ ] YES
- [ ] NO, attach letter of explanation

**b. How will you be sure the participant will have enough time to consider whether to consent? (Check all that apply)**

- Participants will be allowed to take consent form home prior to signing, if applicable.
- Participants will be allowed as much time as is necessary to consider the decision.
- Other (Please describe):

**c. Who will be conducting the informed consent process with the potential participants? (Check all that apply)**

- Principal Investigator
- Sub-Investigator
- Research Coordinator
- Other (Please describe):
18. VULNERABLE POPULATIONS

a. Will any of the following populations be enrolled? (Check all that apply)

(\textbf{Note:} If the Board allows the enrollment of employees or their family members, Quorum Review will provide a consent form, or addendum, with a statement for these participants.)

- \textbf{NO}, Skip to Question 18b
- \textbf{YES}, Sponsor employees and their family members
- \textbf{YES}, Site employees \textbf{directly} involved with the study and their family members
- \textbf{YES}, Site employees \textbf{not directly} involved with the study and their family members

b. Will you enroll child\textbf{ren or minors} in this study?

- \textbf{NO}, adults only. \textit{Skip to Question 18c}
- \textbf{YES}, minors under 18. Complete Question 18b(i)-(ii)
- \textbf{YES}, minors 18 and over in applicable jurisdictions**. Complete Question 18b(i)-(ii)

\textbf{**In Alabama and Nebraska, the age of majority for consenting to research is 19; in Puerto Rico it is 21. In the following Canadian provinces and territories where Quorum provides review, the age of majority is 19: British Columbia, New Brunswick, Nunavut, Nova Scotia, Northwest Territories and Yukon. Please see the SIQ Workbook or the Quorum Handbook for more information about managing consent/assent in these situations.}

i. If \textbf{YES} to Question 18b, will you follow the expected safeguards?

- Parental permission will be obtained as required by Quorum;
- Assent will be obtained from children 7 years of age or older using Quorum’s assent form;
- The child will not be enrolled or maintained in the study unless he/she provides affirmative assent, both initial and ongoing;
- If emancipated or mature minors are enrolled without parental permission, the site will contact Quorum to obtain an appropriate consent form and for further consideration of appropriate safeguards.

- \textbf{YES}   \textbf{NO}, attach letter of explanation

ii. If \textbf{YES} to Question 18b, how will you confirm whether an Individual can act as a guardian for research purposes in your jurisdiction? (Check all that apply)

- Review guardianship documents
- Advice of attorney
- Advice of sponsor/CRO
- Local law reference material
- Local law code
- \textbf{Other:} \\

- If you plan on using legally authorized representatives, check “\textbf{Other}” and note that NC State Law, documented in UNC HRPP SOP and upload a copy of the LAR Guidance document from the General Documents folder.

iii. Will you enroll participants (other than young children with limitations such as blindness, etc) in this study?

- \textbf{NO}, skip to Question 18d
- \textbf{YES}, and

- Will you follow the expected safeguards?

- An impartial witness (not affiliated with the research) will be present during the consent process to attest to the accuracy of the presentation and the apparent understanding of the participant.

- \textbf{YES}   \textbf{NO}, attach letter of explanation

iv. Will you enroll \textbf{non-English speaking} participants in this study?

- \textbf{NO}, please indicate why you will not enroll non-English speaking participants in this study. (\textit{Check all that apply})
- Protocol prohibits non-English speaking participants
- Do not expect non-English speaking individuals to seek to enroll
- Do not have the resources at this site to provide the necessary interpretation services
- \textbf{Other:} \\

- \textbf{YES}, the Language/Dialect is: \\

- Will you follow the expected safeguards?

- A staff member/non-family member interpreter will be available to interpret the informed consent discussion for the participant;
- Provide all study-related material in participant’s native language.

- \textbf{YES}   \textbf{NO}, attach a letter of explanation
e. Will you enroll **adults with diminished decision-making capacity** in this study?

- **NO**, skip to Question 18f
- **YES**, complete Questions 18e(i)-(iii)

i. If **YES Question 18e**, will you follow the expected safeguards?

- The site will use a legally authorized representative (LAR) if appropriate, if allowed or required by Quorum;
- The participant will be given additional time to ask questions;
- The participant will not be enrolled or maintained in the study unless he/she provides (ongoing) affirmative assent.

   - **YES**
   - **NO**, attach letter of explanation

   (Check all that apply)

   - The site will use a legally authorized representative (LAR) if appropriate, if allowed or required by Quorum;

ii. If **YES to Question 18e**, who will you allow to act as a LAR? (Check all that apply)

   - [ ] Advance directive re: participation in research
   - [ ] Power of attorney re: participation in research
   - [ ] Spouse
   - [ ] Parent
   - [ ] Adult son or daughter
   - [ ] Other: _____ (Attach letter explaining how you have verified that this category of individuals can act as LARs in your jurisdiction)

iii. If **YES Question 18e**, how have you confirmed whether the categories of individuals designated in 18e(ii) can act as LARs for research purposes in your state/province? (Check all that apply)

   - [ ] Advice of Attorney
   - [ ] Advice of sponsor/CRO
   - [ ] Local law reference material
   - [ ] Local law code
   - [ ] Institutional or facility policy
   - [ ] Other: _____

f. Will you enroll **pregnant women** in this study?

- **NO**, skip to 18g
- **YES**, and

   Will you follow the expected safeguards?

   - Discuss possible risks to the woman and fetus during the consent process;
   - Obtain consent of the father if required;
   - The site will not partake in any decision as to the timing, method, or procedures used to terminate a pregnancy except as outlined in the protocol and will not offer any inducements, monetary or otherwise, to terminate pregnancy that are coercive in nature.
   - Comply with your site’s organizational policies related to pregnant women, including research (e.g., policies that require compliance with HHS regulations, religious directives for health care services, etc.);

   - **YES**
   - **NO**, attach letter of explanation

   *Note: If obtain consent from a LAR, you are responsible for knowing the rules of who can serve as a LAR in your jurisdiction. If you plan on using legally authorized representatives, check "Other" and note that NC State Law, documented in UNC HRPP SOP and upload a copy of the LAR Guidance document from the General Documents folder unless already uploaded.*

    [ ] Advice of Attorney
    [ ] Advice of sponsor/CRO
    [ ] Local law reference material
    [ ] Local law code
    [ ] Institutional or facility policy
    [ ] Other: _____

   If you plan on using legally authorized representatives, check "Other" and note that NC State Law, documented in UNC HRPP SOP and upload a copy of the LAR Guidance document from the General Documents folder unless already uploaded.

    [ ] Advice of Attorney
    [ ] Advice of sponsor/CRO
    [ ] Local law reference material
    [ ] Local law code
    [ ] Institutional or facility policy
    [ ] Other: _____

f. Will you enroll **economically disadvantaged** participants in this study?

- **NO**, skip to Question 18h
- **YES**, and

   Will you follow the expected safeguards?

   - Compensation and other enticements will be prorated and set at levels that are not coercive.

   - **YES**
   - **NO**, attach letter of explanation

h. Will you enroll **physically handicapped** participants in this study?

- **NO**, skip to Question 18i
- **YES**, and

   Will you follow the expected safeguards?

   - Provide appropriate accommodations to such participants (e.g., wheelchair access).

   - **YES**
   - **NO**, attach letter of explanation

i. Will you enroll from **any other vulnerable population**?

- **NO**
- **YES**, describe population and describe the safeguards that will be taken: _____

A separate Site Information Questionnaire – Additional Research Facility form is required for each additional facility to be used on this study. This form is available at www.quorumreview.com

A collection of Frequently Asked Questions about this form can be found in the Quorum Handbook.
SECTION IV - Must be completed if the research involves a drug and/or device

19. DRUG/DEVICE STORAGE

If the study involves drug(s) or device(s) (including placebo, approved drugs or approved comparators), will the following measures be put into place?

- All drug(s)/device(s) will be stored in a secure area; and
- Access to the drug(s)/device(s) will be limited to authorized research personnel.

☐ N/A, this study does not involve any drug or device
☒ YES
☐ NO, attach letter of explanation

20. EMERGENCY MEASURES

a. How close is the primary research facility to the nearest emergency facility? _______

b. Indicate all emergency equipment/staff available at the primary research facility for a participant in need of emergency care. (Check all that apply)

☐ Crash cart ☐ CPR certified staff ☐ Emergency medications ☐ Oxygen ☐ Defibrillator ☐ Access to 911
☐ Other (Please describe): _______

c. Will research staff or the PI be available to participants on a 24-hour basis considering the Board’s expectations below?

- A site employee will be available for participants 24 hours a day for any research involving a test article; and
- Emergency care provided to participants by an individual not part of the research staff will be able to obtain information pertaining to the study

☐ YES ☐ NO, attach letter of explanation
21. THE QUORUM WEB PORTAL (OnQ™)

a. Quorum will use your e-mail address to establish a Quorum Web Portal account. Through the Portal, users can—at no cost—access approval documents, make secure electronic submissions, and view study startup reports.

Please check below only if you do not want a Quorum Web Portal account.

- [ ] Principal Investigator
- [ ] Primary Contact

b. Please check below to indicate preference on how you would like to receive official Quorum correspondence. (Check all that apply)

- [ ] OnQ™ Secure Portal
- [X] Hard copy in the mail

22. INSTITUTIONAL/OTHER CONTACT

Official Quorum correspondence can be provided to an additional contact via a Quorum Web Portal account (at no cost) using the email below, or via hard copy.

Please check the box to indicate your delivery preference:

- [ ] OnQ™ Secure Portal
- [X] Hard copy in the mail

**CONTACT NAME:** [Unc IRB Compliance Coordinator]

**CONTACT ROLE:** [X] Institutional
- [ ] Site Management Organization (SMO)
- [ ] Other (please describe):

**FACILITY OR BUSINESS NAME:** UNC-Chapel Hill Institutional Review Board

**MAILING ADDRESS:** Medical School Bldg #52, 105 Mason Farm Road, CB# 7097

**CITY:** Chapel Hill

**STATE/PROVINCE:** NC

**ZIP/POSTAL CODE:** 27599-7097

**EMAIL:** irb_compliance@unc.edu

23. SIGNATURE

By signing and/or submitting this form, I am confirming that the information is accurate and that I am the Principal Investigator (PI) or the PI's designee authorized to submit on behalf of the PI and that the PI is aware of the information contained in this submission.

**PRINCIPAL INVESTIGATOR (OR DESIGNEE) PRINTED NAME:**

**TITLE (FOR DESIGNEE):**

**PRINCIPAL INVESTIGATOR (OR DESIGNEE) SIGNATURE*:**

**DATE:**

*A signature is not required if your site is submitting this form through the OnQ™ Portal.

**REMEMBER YOUR ATTACHMENTS**

*Thank you for taking the time to complete this form*

Please contact Quorum’s Site Support Team with any questions:

SiteSupport@QuorumReview.com or 1-877-472-9883 Option 1

5 a.m. – 5:00 p.m. Pacific

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A separate Site Information Questionnaire – Additional Research Facility form is required for each additional facility to be used on this study. This form is available at www.quorumreview.com

A collection of Frequently Asked Questions about this form can be found in the Quorum Handbook.