**WCG ibc sERVICES sUBMISSION fORM**

**IBC Registration**

**INSTRUCTIONS**

1. Completion of this form is a one-time requirement to establish a new IBC with WCG. Please fill in all information in the document below and return to [IBCServices@wcgclinical.com](mailto:IBCServices@wcgclinical.com).
2. Separately, print Page 2 on institutional letterhead showing your business address. After printing on letterhead, have Page 2 signed in ink by your Institutional Official. The Institutional Official is an individual authorized to legally commit, on behalf of the Institution, that the requirements as described will be met, and to act as a responsible party on NIH correspondence. Frequently the Institutional Official is a CEO or other executive. The signature must be an ink signature; electronic signatures are not accepted by the NIH. Submit the signed form to [IBCServices@wcgclinical.com](mailto:IBCServices@wcgclinical.com).

Please contact WCG IBC Services at [IBCServices@wcgclinical.com](mailto:IBCServices@wcgclinical.com) or (360) 252-2850 with any questions or concerns.

**INSTITUTIONAL INFORMATION**

1. Does your Institution receive NIH funding for research with recombinant or synthetic nucleic acid molecules?  Yes  No

2. Does your Institution have an appointed Biological Safety Officer (BSO)?  Yes\*  No

*\*Most clinical sites do not have a BSO, whose primary job responsibility is ensuring biosafety. If your Institution has a BSO, provide their name and email address for inclusion on the IBC:*

BSO Name:       Email:

**INITIAL STUDY**

1. Has an initial study requiring review by this IBC already been identified?  Yes\*  No

*\*If yes, please provide the following:*

Sponsor:       Protocol number:

Target enrollment date:

**PRIMARY CONTACT FOR IBC REGISTRATION AND OPERATIONS QUESTIONS**

Contact Name and Job Title:       Email:

Phone:       Date:

**PERSON COMPLETING THIS FORM (if different from Primary Contact above)**

Your Name and Job Title:       Email:

Phone:       Date:

**INSTITUTION**

Institution Name:

Street Address:

City:       State:       ZIP:       Country:

**INSTITUTIONAL OFFICIAL (for NIH correspondence)**

Institutional Official Name and Job Title:

Street Address:

City:       State:       ZIP:       Country:

Phone:       Email:

**Acknowledgement**

On behalf of this institution, I acknowledge establishment of this IBC in accordance with Section IV-B-2-a of the *NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules* (NIH Guidelines) and its authority to review research with recombinant or synthetic nucleic acid molecules conducted at this institution.

This IBC will be administered by IBC Services, a division of WCG IRB, Inc. The IBC will operate under written procedures that cover the authority of the IBC, responsibilities of the institution and Principal Investigators, IBC organization and membership, conduct of meetings, and the review and reporting of research-related incidents.

This institution will abide by the *NIH Guidelines* and the determinations of this IBC. This institution will not initiate or modify any research with recombinant or synthetic nucleic acid molecules that is subject to the *NIH Guidelines* before receiving IBC approval and all other applicable approvals required by the *NIH Guidelines*.

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Institutional Official signature Date

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WCG IBC Services Official signature Date