## Federalwide Assurance (FWA) for the Protection of Human Subjects

[] New Filing	[ ] Update or Renewal for FWA Number:			
1. Institution Filing Assura	<u>ınce</u>			
Legal Name:				
City:	State/Province:	Country:	Country:	
2. <u>Institutional Componen</u>	<u>ts</u>			
name. Also list with an aster NOTE: The Signatory Offic Institution providing this As	risk (*) any <u>alternate names</u> u ial signing this Assurance m surance and all components	as legal authority that operate under a different under which the Institution operates.  The summer which the Institution operates are under which the Institution operates are under which the sum of the Institution operates are under the sum of the Institution operate under a different operates.	<u>1t</u>	
Name of Component Alternate Names Us	III	State/Province and/or Country		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0278. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, -Attention: PRA Reports Clearance Officer

## 3. Statement of Principles

This Institution assures that all of its activities related to human subjects research, regardless of the source of support, will be guided by the following statement of principles governing the institution in the discharge of its responsibilities for protecting the rights and welfare of human subjects of research conducted at or sponsored by the institution. (*indicate below*)

[ ] The Belmont Report	
[ ] The Declaration of Helsinki	
[ ] Other: (Please submit copy to OHRP with	this Assurance)

## 4. Applicability

- (a) This Assurance applies whenever this Institution becomes engaged in human subjects research conducted or supported by any U.S. federal department or agency that has adopted the U.S. Federal Policy for the Protection of Human Subjects (also known as the Common Rule), unless the research is otherwise exempt from the requirements of the Common Rule or the department or agency conducting or supporting the research determines that the research shall be conducted under a separate assurance.
- (b) *Optional for U.S. institutions*: This Institution voluntarily elects to apply the following to all of its non-exempt human subjects research regardless of the source of support, except for research that is covered by a separate assurance issued by another U.S. federal department or agency that has adopted the Common Rule:
  - [] The Common Rule (see section 3 of the Terms of the FWA for a list of U.S. federal departments and agencies that have adopted the Common Rule and the applicable citations to the Code of Federal Regulations)
  - [] The Common Rule and subparts B, C, and D of the HHS regulations at 45 CFR part 46

## 5. Assurance of Compliance with the Terms of the Federalwide Assurance

- (a) This Institution assures that whenever it engages in research to which this Assurance applies, it will comply with the **Terms of the Federalwide Assurance (contained in a separate document on the Office for Human Research Protections (OHRP) website)**. [**Irene**: Should we include a link to the Terms here?]
- (b) **Non-U.S. institutions only**: This Institution assures that whenever it engages in research to which this Assurance applies it will comply with the following procedural standards (*please check one or more of the following*):
  - [ ] The Common Rule
  - [] The U.S. Food and Drug Administration regulations at 21 CFR parts 50 and 56

[] The current Int Practice (ICH-GC	<del>-</del>	Harmonization E-6 G	uidelines for Good Clinical
International Ethi	uncil for International Or cal Guidelines for Biomed nadian Tri-Council Policy s	dical Research Involvin	g Human Subjects
[] The current Ind Research on Hum	lian Council of Medical F an Subjects	Research Ethical Guide	lines for Biomedical
	_		ed by U.S. federal please submit copy to OHRP
6. Designation of Institut	ional Review Boards (IR	<u>Bs)</u>	
which this FWA applies. research under this Assura	This institution (a) designance; or (b) does not have a arch to which this FWA apart reviews the largest perce	ntes the following intern an internal IRB and desi plies or, if multiple exte entage of research to wh	gnates the following external ernal IRBs are relied upon, the ich this FWA applies.
HHS IRB Registration Number	Name of IRB as Reg	gistered with HHS	Is the IRB Internal or External to the Institution
7. <u>Human Protections Ac</u> <u>Contact Person</u> )	lministrator (e.g., Huma	n Subjects Administra	tor or Human Subjects
First Name:	Middle Initial:	Last Name:	
Degrees or Suffix:	Institutional Title:		

Institution:

Telephone:	FAX:	E-Mail:	
Address:			
City:	State/F	Province:	Country:
8. Signatory Official (i.e.,	Official Legally Au	thorized to Represent th	ne Institution)
I have read and agree to th	ne Terms of the Feder	alwide Assurance.	
	d continuing educatio	on and training about hun	, and other relevant personnel nan subject protections will help
Institution's responsibilitie above. The IRB(s) upon w	s under this Assurand hich this institution re g research covered by	ce, I assure protections for elies will comply with the this Assurance and poss	d with an understanding of the r human subjects as specified <b>Terms of the Federalwide</b> ess appropriate knowledge of the
-		-	I am aware that false statements ninistrative or legal action.
Signature: (Electronic sign	ature - Exact procedu	are to be determined)	
Date:			
First Name:	Middle Initial:	Last Name:	
Degrees or Suffix:	Institutional Title:		
Institution:			
Telephone:	FAX:	E-Mail:	
Address:			
City:	State/Province:		Country:
9. <u>FWA Approval</u>			
The Federalwide Assuranc Institution is hereby approv		f Human Subjects submit	ted to HHS by the above
Assurance Number:	Expiration Date:		
Approving HHS Official:	Date		