

University of Puerto Rico  
 Medical Science Campus  
 Human Research Subjects Protection Office

IRBWISE ACCOUNT REQUEST PERSONAL INFORMATION

**Please complete the following information. Do not leave any item unanswered**

To submit the account request:

1. Attach a copy of the Human Subjects Protection Training Certificate and HIPAA Training
  - a. For humans subjects training:  
<http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp>
  - b. For HIPAA: <http://irb.ucsd.edu/hipaa.shtml>
2. Attach a copy of the Curriculum Vitae
3. Complete the form and deliver it to the IRB Office, Cardiovascular Hospital, Office 820 or send this completed form **through your personal MSC e-mail account** to [opphi@rcm.upr.edu](mailto:opphi@rcm.upr.edu).

|                        |                                  |
|------------------------|----------------------------------|
| Last Name:             |                                  |
| First Name:            |                                  |
| Middle Name:           |                                  |
| E-Mail (MSC):          |                                  |
| Address Line:          |                                  |
| City/State & Zip Code: |                                  |
| Phone:                 |                                  |
| Fax:                   |                                  |
| School:                |                                  |
| Department:            |                                  |
| Faculty Member:        | Yes ____ No ____ (mark only one) |
| Student *              | Yes ____ No ____ (mark only one) |
| Faculty Advisor        |                                  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* By institutional policy the role of Principal Investigator, can not be assumed by a student in research projects that involve greater than minimal risks.*