

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. Studies that involve medications or medical devices should include evidence of training in "Good Clinical Practice (GCP)". For trainings: <http://citiprogram.org>
2. Attach a copy of the Curriculum Vitae
3. Complete the form and deliver it to the IRB Office, Cardiovascular Hospital, 8th Floor, Office 819 or send this completed form through your personal MSC e-mail account to oppi.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 <input type="checkbox"/> No <input type="checkbox"/> (mark only one) |
| Student | Yes <input type="checkbox"/> No <input type="checkbox"/> (mark only one) |
| Faculty Advisor | |

Signature: _____ Date: _____

*By institutional policy the role of Principal Investigator, cannot be assumed by a student , non resident physician.