**OREGON IRB REGISTRY**

**For compliance with ORS 192.547 (Genetic Privacy)**

New  Revised

**Organization Operating the IRB(s)**

Name of Organization:

Address:

City:       State:       Zip:

**Head Official of the Organization Operating the IRB(s):**

First Name:       Last Name:       Degrees (e.g. MD, PhD):

Organizational Title:

Phone:       Fax:       E-mail:

Mailing address (if different from mailing address above):

City:       State:       Zip:

**IRB Chairperson:**

First Name:       Last Name:       Degrees (e.g. MD, PhD):

Phone:       Fax:       E-mail:

Mailing address (if different from mailing address above):

City:       State:       Zip:

## IRB Administrator or Coordinator

First Name:       Last Name:       Degrees (e.g. MD, PhD):

Phone:       Fax:       E-mail:

**Contact information for person providing this information:**

Name:       Title:

Phone:       Fax:       E-mail:

**Is this IRB registered with the Office of Human Research Protection (OHRP)? If yes, provide IRB registration number.**

Yes  (IRB Reg. #:     ) No

# Does the institution have a federal wide assurance with OHRP? If yes, provide FWA number.

Yes  (FWA #:     ) No

# Does the institution’s IRB review genetic research studies?

Yes  No

Attach copy of the IRB membership roster.