OREGON IRB REGISTRY For compliance with ORS 192.547 (Genetic Privacy)

Organization Operating the IRB(s)	New Revised
Name of Organization:	
Address:	
City: State: Zip:	
Head Official of the Organization Operating the IRB(s):	
First Name: Last Name: Degrees (e.g. MD, P	hD):
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, P	hD):
Phone: Fax: E-mail:	/.
Mailing address (if different from mailing address above):	
City: State: Zip:	
Contact information for person providing this information:	
Name: Title:	
Phone: Fax: E-mail:	
Is this IRB registered with the Office of Human Research Protection	n (OHRP) ? If yes,
provide IRB registration number.	
Yes (IRB Reg. #:) No	
Does the institution have a federal wide assurance with OHRP? If y	es, provide FWA
number.	-
Yes (FWA #:) No	
Does the institution's IRB review genetic research studies?	
Yes No No	
Yes No	

Return form to: Mellony Bernal, IRB Coordinator
DHS, Health Services; 800 NE Oregon Street, Suite 930; Portland OR 97232

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