



**Institutional Review Board**  
 Office of Research and Sponsored Programs  
 MacArthur Hall 602  
 34 Cornell Drive  
 Canton, NY 13617  
 315-386-7686

**COOPERATING ORGANIZATION INFORMATION**

*Please complete this form for EACH organization (agency, institution, etc.) involved in this project, other than SUNY Canton*

***Title of Study***

<b>Institution Name:</b>	
<b>Administrator:</b>	
<b>Contact Information:</b>	<b>Address:</b> <b>Email:</b> <b>Phone number:</b>
<b>Roles (check all that apply):</b>	<input type="checkbox"/> Institution will provide contact information for potential subjects <input type="checkbox"/> Institution will allow recruitment of subjects in agency facilities or at agency-sponsored events <input type="checkbox"/> Institution will recruit subjects and refer them to investigator <input type="checkbox"/> Institution is location of study (study will be implemented or data collection will occur in agency facilities or at agency-sponsored events, etc.) <input type="checkbox"/> Institution with which co-investigators research staff members are affiliated – <i>Please fill out External Team Members Information form</i> <input type="checkbox"/> Other – <i>Please describe:</i> <input type="checkbox"/> Institution has financial interest
<b>Institution has an IRB</b>	Yes – Attach a copy of the approval from the institution’s IRB No – Attach original letter granting permission for the study from the appropriate administrator at the institution.