



UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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ACCREDITATION OF INSTITUTIONAL REVIEW COMMITTEES

APPLICATION FORM

New application []

Renewal []

- 1 Name of IRC.....
- 2 Name of Host Institution.....
- 3 Individual at the Host Institution responsible for the IRC
- 4 Year of establishment of IRC.....
- 5 Jurisdiction of IRC review (include institutional components covered by the IRC)
.....
- 6 Contact address

Physical address.....

Postal address.....

Telephone.....

Fax.....

E-mail:

7 Membership Roaster

| Name | Qualifications | Occupation | Telephone/email | IRC Designation |
|------|----------------|------------|-----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

6 How often does your IRC meet? (Please, tick)

1) Weekly [] 2) Monthly [] 3) Bi-monthly [] 4) Quarterly []

Others (specify).....

7 Has your IRC been accredited?

Yes [] No []

If yes, please specify the accrediting organization(s) and year of accreditation.....

8 Is your IRB registered with Office of Human Research Protection (OHRP) in the USA?

Yes [] No []

If yes, please state the IRC number and expiry date.....

9 Does the Host Institution offer any support to the IRC?

Yes [] No []

If yes, please specify the nature of support the institution provides to the IRC
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.....

10 Does your IRC charge any fees for review of protocols?

Yes [] No []

If yes, please specify the charges/fees charged by the IRC

11 List other funding sources for the IRC.....

Filled by..... Date.....

Signature.....

Annexes:

1. IRC Self-assessment report (The report should be no more than five (5) pages);
2. List of active protocols (title of protocol, name of investigators, date of initial approval, sponsor);
3. Copies of IRC Policies and Standard Operating Procedures.