



IRB Nominee Survey

Thank you for your interest in serving on the NIH IRP IRB. Please fill out this form and return it to Mollie Fraser at mollie.fraser@nih.gov.

** (Indicates a required field)*

Contact Information & Education

* Title (Dr., Ms., Mr., etc.): _____

* Name: _____

* Degree(s) (if applicable): _____

* Specialty (if applicable): _____

* Name/Title of Supervisor (if applicable): _____

Indications of Experience (IRB and/or research), if applicable:

* Work Phone Number: _____

* Cell Phone Number (Optional): _____

* Mailing Address:

- *NIH Employees (Work)*
- *Unaffiliated Members (Home)*



***Employment Status (Select one):**

- NIH Federal Employee (FTE)
- NIH Special Government Employee (SGE)
- NIH Contractor
- Non-NIH Federal Employee, specify agency: _____
- Non-Federal Employee
- Other, specify: _____

If you are an NIH employee or contractor, do you work in Intramural or Extramural?

Intramural Extramural

If Federal FTE or SGE, have you completed an OGE-450 or OGE-278e?

Yes No

If neither a Federal FTE or SGE, have you submitted a Conflict of Interest (COI) Certification form to the IRB Office?

Yes No

Have you received a copy of the COI Guide?

Yes No

Representative Capacity

Representative capacity, if applicable (represents the concerns of a particular group of people, community or research participant):

Do you consider yourself to represent the concerns of a local member of the community or a research participant? If so, please describe:

Voluntary Self-Reporting

The following section is voluntary self-reporting and has no impact on your potential to be appointed. In the instance of missing information, your IRB may attempt to identify your race and gender.

Please note that access to this information is limited to necessary parties only. We are asking for this information to keep the IRB compliant with 45 CFR 46 requirements for a diverse and



representative IRB membership roster. (45 CFR 46.107 IRB membership)
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.107>

Gender:

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Hispanic or Latino
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: _____

Undue Influence

Please contact OHSRP if you have ever experienced undue influence as an IRB member, and notify us in real time if this occurs in the future.

“Undue influence” means attempting to interfere with the normal functioning and decision-making of the IRB or to influence an IRB member or staff, a PI or any other member of the research team outside of established processes or normal and accepted methods, in order to obtain a particular result, decision or action by the IRB or one of its members or staff.

OHSRP Contact Information
Phone: 301.402.3713
Email: ohsr_nih_ddir@od.nih.gov
