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| **SPONSOR ADDITION FORM** |

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| **INSTRUCTIONS AND INFORMATION**   * This form is to be submitted when a new sponsor needs to be added to the IRB-HSR database. * An individual who is a UVA faculty or staff member may not be listed a Sponsor. * **Submit form to** [**irbhsr@virginia.edu**](mailto:irbhsr@virginia.edu) **with subject line: Sponsor Addition Request**   **-COMPLETE ALL SECTIONS BELOW-** |

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| **Sponsor Name:** | | **Sponsor Phone Number** | | |
| **Physical Address:** | | **Website Address:** | | |
| **City** | **State** | | **Zip Code** | **Country** |
| **Check one:**  Industry (e.g., pharmaceutical company)  Foundation/Non-Profit Organization (e.g., American HeartAssociation)  Internal/Departmental/Gift- (e.g., UVa/UVa departmental funds or UVA gift account)  Federal (e.g., NIH, DoD, NSF)  If Federal is this sponsored by an NCI Cooperative Group:  Yes No  State (e.g., Virginia Department of Health)  Non- UVA College or University (outside academic) | | | | |

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| **Submitted By:** | **Email:** |

#### Comments: