**BRANY IRB LOCAL RESEARCH CONTEXT FORM**

**Virtual Pooled Registry – Cancer Linkage System (VPR-CLS) Requests**

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| --- | --- |
| **Name of Registry:** |       |
| **Name of Registry IRB (if applicable):** |       |
| **Name and title of person completing this form:** |       |

1. Briefly describe your Registry’s SOPs and/or requirements for releasing data from the Registry for VPR-CLS linkage requests.

1. Do local laws, regulations, or standards (including Registry policies) stipulate requirements for VPR-CLS linkage requests or that BRANY IRB should otherwise consider?

[ ]  No

[ ]  Yes - Describe the relevant requirements and provide a link to or copy of any relevant documents:

1. Are there any community or cultural norms with respect to research, individual autonomy, or religious differences of the local population, or ethical or religious directives of the Registry that must be considered when making determinations about the Registry’s participation in linkage requests?

[ ]  No

[ ]  Yes – Explain:

1. Please tell us about any other restrictions or requirements for release of data for VPR-CLS linkage requests.

[ ]  None

[ ]  Specify:

1. Which notifications about BRANY IRB’s review of VPR-CLS linkage requests would your Registry like to receive? Please select all that apply:

[ ]  Notification of BRANY IRB approval for the VPR-CLS linkage request.

[ ]  Notification of BRANY IRB approval for changes or reportable events related to the VPR-CLS linkage.

[ ]  Notification of BRANY IRB review of progress reports for the VPR-CLS linkage.

[ ]  Other – Please specify:

1. Who should receive the notifications specified above?

Name:

Title:

Email address:

Phone:

Other contact information/instructions, if applicable: