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Submission Number: 14842 FWA Number: FWA00008894

Institution Name: INDIAN HLTH SERVICE (DHHS)

OMB No. 0990-0278

Approved for use through 1/31/2008

U.S. Department of Health and Human Services (DHHS) Federalwide Assurance (FWA) for the Protection of Human Subjects For Domestic (U.S.) Institutions

1. Institution Filing Assurance

Legal Name: INDIAN HLTH SERVICE (DHHS) City: ROCKVILLE

State: MD

DHHS Institutional Profile Code:

Federal Entity Identification Number (EIN): 52-0821668

This Assurance replaces:

2. Institutional Components

List below all components over which the Institution has legal authority that operate under a different name. Also list with an asterisk (*) any alternate names under which the Institution operates. The Institution should have available for review by the Office for Human Research Protections (OHRP) upon request a brief description and line diagram explaining the internal attendance among the Assurance Signatory Official, the Institutional Review Board (IRB), IRB support staff, and investigators in these various components.

NOTE: The Signatory Official signing this Assurance must be legally authorized to represent the Institution providing this Assurance and all components (lated below. Entities that the Signatory Official

is not legally authorized to represent may not be listed here without the prior approval of OHRP.

Name of Component or Alternate Names Used

City, State (or Country if Outside U.S.)

ALASKA NATIVE TRIBAL HUTH CONSORTIUM **SOUTHCENTRAL FOUNDATION** PHOENIX INDIAN MEDICAL CENTER CROWNPOINT SERVICE UNIT

ANCHORAGE, AK ANCHORAGE, AK PHOENIX, AZ

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3. Statement of Principles

This institution assures that all of its activities related to human subjects research, regardless of funding source, will be guided by the ethical principles in the following documents:

THE BELMONT REPORT

4. Applicability:

- (a) This institution assures that whenever it engages in human subjects research conducted or supported by any federal department or agency that has adopted the Federal Policy for the Protection of Human Subjects, known as the Common Rule, the Institution will comply with the Terms of the Federalwide Assurance for Institutions Within the United States (contained in a separate document on the OHRP wabsite), unless the research is otherwise exempt from the requirements of the Common Rule or a department or egency conducting or supporting the research has determined that the research shall be covered by a separate assurance.
- (b) Optional: This institution elects to apply the following to all of its human subjects research regardless of the source of support, except for research that is covered by a separate assurance:

The Common Rule and subports B, C, and D of the HHS regulations at 45 CFR part 46

5. Designation of Institutional Review Boards (IRBs)

This institution designates the following IRB(s) for review of research under this Assurance (If the IRB has not previously registered with HHS or has not provided a membership roster to HHS, please submit to OHRP the appropriate IRB registration materials which are available on the OHRP website),

NOTE: Referce on the IRB of another institution or organization or an independent IRB must be documented by a written agreement that is available for review by OHRP upon request. OHRPs sample IRB Authorization Agreement may be used for this purpose, or the parties involved may develop their own agreement. Future designation of other IRBs requires an update of the FWA.

HHS IRB Registration Number	Name of IRB As Registered with HHS
1RB00000635	INDIAN HLTH SERVICE IRB #1 ABERDEEN AREA
IRB00000638	INDIAN HLTH SERVICE IRB #2 - ALASKA AREA
IRB00000638	INDIAN HLTH SERVICE IRB #6 - BILLINGS AREA
IRB00000640	INDIAN HITH SERVICE IRB #7 - NASHVILLE AREA
IRB00000841	INDIAN HLTH SERVICE IRB #8 - NAVAJO NATION
IRB00000642	INDIAN HITH SERVICE IRB #9 - OKLAHOMA CITY AREA
IRB00000543	INDIAN HILTH SERVICE IRB #10 - PHOENIX AREA

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Submission Number: 14842 FWA Number: FWA00008894

Institution Name: INDIAN HLTH SERVICE (DHHS)

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IRB00000646

INDIAN HITH SERVICE IRB #13 - NATIONAL (HEADQUARTERS)

6. Human Protections Administrator (e.g., Human Subjects Administrator or Human Subjects Contact Person)

First Name: ALAN

Middle Initial:

Last Namo: TRACHTENBERG

Degrees or Suffix (e.g., MD, PhD); MD, MPH

Institutional Title: ACTING RESEARCH DIRECTOR

Institution: INDIAN HEALTH SERVICE (DHHS)

Telephone: (301) 443-0578

FAX: (301) 443-

E-mail: ALAN,TRACHTENBERGOINS.GOV .--

Address: 801 THOMPSON AVE

TMP 450

City: ROCKVILLE

State: MD

Zip Code: 20852

NOTE: Institutions operated by the U.S. Government may need to obtain department or agency clearance prior to submission of the FWA to OHRP. Please contact the relevant department or agency Human Subject Protections Officer before forwarding this Assurance to OHRP.

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Submission Number: 14642

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7. Signatory Official (i.e., Official Legally Authorized to Represent the Institution

- cannot be IRB Chairperson or IRB member)

I understand that the Assurance Training Modules on the OHRP website describe the responsibilities of the Signatory Official, the IRB Chair(s), and the Human Protections Administrator under this Assurance. Additionally, I recognize that providing research investigators, IRB members and staff, and other relevant personnel with appropriate initial and continuing education about human subject protections will help ensure that the requirements of this Assurance are satisfied.

Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure protections for human subjects as specified above. The IRB(s) designated above are to provide review for all research to which this Assurance applies. The designated IRB(s) will comply with the Terms of the Federalwide Assurance for Institutions Within the United States and possess appropriate knowledge of the local context in which this Institution's research will be conducted.

All information provided with this Assurance is up-to-date and accurate. I am aware that false statements could be cause for invalidating this Assurance and may lead to other administrative or legal action.

Signature: Sichard M. Church Date: 3/20/07

Richard M Church

First Name: RICHARD

Mkkide initial: M

Last Name: CHURCH

Degrees or Suffix (e.g., MD, PhD): PHARM.D.

Institutional Title: DIRECTOR, OFFICE OF PUBLIC HEALTH SUPPORT

Institution: INDIAN HEALTH SERVICE (DHHS)

Telephone: (301) 443-0222

FAX:

E-mail:

Address: 801 THOMPSON AVE

City: ROCKVILLE

State: MD

Zip Code: 20852

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8. FWA Approval

The Federalwide Assurance for the Protection of Human Subjects for Institutions Within the United States submitted to HHS by the above institution is hereby approved.

Assurance Number: FUA 0000 \$894 Expiration Date: 3.42.10
Signeture of HHS Approving Official: Date: 3-2<-07

Hal Blatt, DDS OHRP/OPHS/OS/DHHS 1101 Wootton Parkway, Suite 200 Rockville, Maryland 20852

Telephone: 240-453-8232

Fax: 240-453-8202

Public burden for this collection of information is estimated to average two hours for a new FWA filing and less than an hour for an FWA renewal of update. An agency many not conduct or sponeor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503, 200 Independence Avenue, SW., Washington, DC 20201. Do not return the completed form to this address.