

REQUEST FOR REGISTRATION OF THE RESEARCH ETHICS COMMITTEE

FOR EXCLUSIVE USE OF THE NATIONAL BIOETHICS COMMISSION

Reception date	
Tramit number	

1. DATA OF THE ESTABLISHMENT WHERE THE CEI IS INSTALLED				
(1) Company name or name				
(2) Establishment name (in accordance with official authorizations)	of the			
(3) Name of the director or owner of the establishment				
(4) Name of legal representative				
(5) Name of the person authorized to hear and receive notifications				
2. ADDRESS OF THE ESTA	ABLIS	HMENT WHERE THE CEI IS INSTAL	LLED	
(6) Street, number and neighborhood				
(7) Municipality or town hall			(8) City	
(9) Federal entity			(10) Zip code	
3. CEI CONTACT DETAILS				
(11) Email establishment	of the		(12) Establishment telephone (with side and extension)	
(13) Email address of the director or owner of the establishment and/or legal representative	r			
(14) Email President of the CEI of the			(15) Telephone of the president of the CEI (with side and extension)	
(16) CEI and/or contact email (you can add administrative support staff who			(17) CEI and/or contact telephone number	
are not part of the CEI)			(with side and extension)	
4. INTEGRATION OF THE CC (18) Position in the CEI (19)		IEE" ame of the member (According to official docume	onts)	(20) Gender (M or F)
President	<u>, </u>		<i></i>	
Secretary vocals				
Vocal				
Vocal				
Vocal				
Representative of the affected nucleus or Representative of the users of health services				
*NOTE: If the CEI is made up of more than 6 people, you may use section 4. Membership of the Committee on an additional sheet, with the respective signature of the Director or Head of the establishment.				



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and the second						
(21) 5. MARK WITH (X) THE DOCUMENTS THAT ACCOMPANY THE APPLICATION ** The documents listed must be in accordance with the provisions of the current edition of the National Guide for the Integration and Functioning of the CEI.						
()	Original or certified copy and simple copy for comparison of the document that proves the legal representation of the establishment.					
-	Original or certified copy and simple copy for comparison of the simple copy of the establishment's health license.					
()	If you do not have this, you must present an operating notice that accredits it as a medical care establishment and a document issued by the competent health authority that certifies that the establishment carries out, by itself, research activities on human beings.					
()	Original manifesto under oath to tell the truth that the establishment is, by itself, in the assumptions provided for in articles 41 BIS and 98 of the General Health Law and has the infrastructure that guarantees the technical, material, and human capacity and financial, as well as the facilities, equipment and technology to carry out the tests, studies, trials, verifications and other activities necessary to carry out research activities on human beings, in accordance with the criteria established in current regulations, in where it specifies the type and level of risk of the research carried out by the establishment as referred to in article 17 of the Regulation of the General Health Law on Health Research					
() Original of the minutes of installation of the Research Ethics Committee.						
()	Simple copy of the approved CEI procedures manual, with the minimum elements provided for in the current edition of the National Guide for the Integration and Functioning of the CEI.					
For each proposed member, you must present:						
(a) Original of the certificate of appointment of the member, which includes confidentiality clauses and not conflict of interests.					
(b) Simple copy of the undergraduate and, where applicable, postgraduate professional identification card (except for the representative of the affected group or the users of health services).					
(c) Original of the curriculum vitae with rubric and signature, which includes the characteristics provided for in the edition current version of the National Guide for the Integration and Functioning of the CEI. 					
(d) Simple copy of training certificates in research ethics, bioethics or good clinical practices obtained during the last five years (except from the representative of the affected group or the users of health services).					
(22) Place and date on which the application is signed						
I declare under oath that the data provided in this application and accompanying documents are correct and I undertake to provide, at the request of the National Bioethics Commission, the information, data or documents that are required.						
	(23) Name and signature of the Director or Owner					

** In order to guarantee the safety of the subjects participating in the investigations and the integrity

scientific in these, the Commission reserves the right to request additional documentation or information.