

	FORM	FOR-DIIS-025
	APPLICATION FOR ACCREDITATION OF THE INSTITUTIONAL COMMITTEE OF ETHICS IN RESEARCH	Edition No. 01

Request Code:

(Temporary CIEI number for this record, automatically generated by REPEC)

I. GENERAL DATA OF THE RESEARCH INSTITUTION

(Public or private health establishment duly authorized and categorized by the corresponding health authority)

1.1. NAME OF THE RESEARCH INSTITUTION:

RUC: (Data of your legal representative add them in numerals 1.2 and 1.3)		Company Name:	
Trade Name:		Type of Institution:	
Address of the Institution of Investigation:			
District:		Province:	
Department:		Telephone and extension:	

1.2. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates):
(If there is a person other than the legal representative as an attorney, he/she must have the special power which must expressly indicate the act(s) to be performed. which was conferred)

Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	
Power of attorney registered at the Office:		Electronic record No.:	
Seat No.:		Telephone and extension:	
Resolution No. and date:		Email:	

II. CHARACTERISTICS OF THE RESEARCH INSTITUTION

Sector to which it belongs:	Public: <input type="checkbox"/>	Private: <input type="checkbox"/>
RENIPRESS Code:		
Health Facility Category:		
No. and date of the Categorization Resolution:		
Others: (Complete this item if the above does not apply)		

III. MAXIMUM AUTHORITY OF THE RESEARCH INSTITUTION (Accredited in the corresponding legal document)

If you consider any additional information important, you can attach it as an annex.

Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	

IV. DATA FROM THE INSTITUTIONAL RESEARCH ETHICS COMMITTEE - CIEI

CIEI Names:			
CIEI email:		Telephone and extension:	
CIEI Website:			
CIEI President's details:			
Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	
Telephone (extension):		Email:	
Technical Secretariat Email:			

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V. REQUIREMENTS FOR THE APPLICATION FOR ACCREDITATION OF AN INSTITUTIONAL RESEARCH ETHICS COMMITTEE

a Request for accreditation addressed to the INS (FOR-DIIS-025)	<input type="checkbox"/>
b Copy of the Resolution of the highest authority of the research institution that authorizes the operation of the CIEI.	<input type="checkbox"/>
c Regulations and Procedures Manual approved by the research institution to which they belong. These documents are submitted electronically (PDF to copyable text).	<input type="checkbox"/>
d Affidavit indicating compliance with the accreditation standards established in the Procedures Manual of clinical trials (FOR-DIIS-026).	<input type="checkbox"/>
and Undocumented curriculum vitae for each of the members of the Institutional Research Ethics Committee (CIEI). These documents are submitted electronically (PDF format to copyable text).	<input type="checkbox"/>

VI. FIRMA

I declare that the information provided is true and I authorize the verification of the statements in accordance with the "Principle of Presumption of Truth" of section 1.7 of article IV of the Preliminary Title of the Consolidated Text of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-JUS.

In token of conformity, I sign this document.

Name and signature

Legal Representative (item 1.2)