



**This form is to be used for nominating an individual (including self-nomination) for NMDP IRB membership.**

**1. Nominee/Individual Information:**

Name: (include full name and highest degree earned) \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Application Completed by (if different from the nominee)**

Name: (include full name and highest degree earned) \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**3. The NMDP IRB is a formally designated group whose primary role is to review research involving human subjects. Please describe the nominee's experience (if any) serving on an IRB or ethics review committee:**

4. The primary focus of the NMDP IRB human subject review is research involving cellular therapies. **Please describe the nominee's professional or life experience (if any) relating to cellular therapies, bone marrow transplant, or blood cancers:**
5. **The NMDP IRB is comprised of scientific and nonscientific members.** Scientific members have training, background, and occupations that incline them to view research activities from the standpoint of a scientific discipline (e.g., physicians, researchers). Nonscientific members have training, background, and occupations that incline them to view research activities from outside scientific disciplines (e.g. ethics, law, public policy, advocacy). **Based on the nominee's experience, please check one of the following:**
- Nominee's primary expertise is **scientific**: Explain:
- Nominee's primary expertise is **nonscientific**: Explain:
- Not sure**
6. **The NMDP IRB consists of a diverse membership** with consideration of race, gender, cultural background, and sensitivity to community issues. **Please describe how the nominee would contribute to the diversity of the NMDP IRB:**

**7. Does the nominee have experience in working with any of the following vulnerable populations?**  
(Check all that apply.)

**Children.** Specify:

**Pregnant women.** Specify:

**Prisoners.** Specify:

**Adults with impaired decision-making capacity** requiring a legally authorized representative (LAR).  
Specify:

**Limited or non-readers** (e.g., illiterate, sight impaired). Specify:

**Others** (e.g., educationally or economically disadvantaged) Specify:

**8. Does the nominee conduct research in any bone marrow transplantation consortiums such as The Blood and Marrow Transplant Clinical Trials Network (BMT CTN)?**

**Yes.** Specify:

**No**

**Not sure**

9. Does the nominee have any of the following qualifications (check all that apply)?

A former bone marrow, peripheral blood stem cell, or cord blood donor or has experience as a donor advocate. Specify:

A hematopoietic cell transplant (HCT) recipient or a caregiver for someone who has had a HCT. Specify:

No

Not sure

10. At least one member of the NMDP IRB must not be affiliated with the NMDP or be a part of the immediate family of a person affiliated with the NMDP. Please check one of the following:

Nominee **is not affiliated** with the NMDP

Nominee **is affiliated** with the NMDP. Explain:

11. If you are not the nominee, please describe your relationship to the nominee:

12. May we disclose your identity to the nominee if we choose to contact them?

Yes

No, please keep my nomination anonymous

**PLEASE NOTE:** The NMDP IRB does not allow any member to participate in review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email completed application and the nominee's Curriculum Vitae (CV) to [IRBStaff@nmdp.org](mailto:IRBStaff@nmdp.org)