Institution Name: STATE RESEARCH CENTER OF VIROLOGY AND BIOTECHNOLOGY "VECTOR"

OMB No. 0990-0278

Approved for use through May 31, 2011

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

1. Institution Filing Assurance

Legal Name: STATE RESEARCH CENTER OF VIROLOGY AND BIOTECHNOLOGY "VECTOR" City: KOLTSOVO, NOVOSIBIRSK REGION, RUSSIONCREDER ARTUSINIA

HHS Institution Profile File (IPF) code, if known:

Federal Entity Identification Number (EIN), if known:

If this Assurance replaces an MPA or CPA, please provide the 'M' or 'T' number:

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 interrelationships among the Assurance Signatory Official, the Institutional Review Board (IRB) or the Independent Ethics Committee (IEC), IRB/IEC 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 listed below. Entities that the Signatory Official is not legally authorized to represent may not be listed here without the prior approval of OHRP.

None Selected

3. Statement of Principles

This Institution assures that all of its activities related to human subject research, regardless of the source of support, will be guided by the ethical principles in the following document(s). (indicate below)

DECLARATION OF HELSINKI

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4. Applicability

This Institution assures that whenever it engages in human subjects research conducted or supported by any U.S. department or agency that has adopted the U.S. Federal Policy for the Protection of Human Subjects, known as the Common Rule, the Institution will comply with the following, unless the research is otherwise exempt from the requirements of the Common Rule or a U.S. department or agency

conducting or supporting the research has determined that the research shall be covered by a separate assurance:

a) the Terms of the Federalwide Assurance for International (Non-U.S.) Institutions (contained in a separate document on the OHRP website); and

b) the following procedural standards (please check one or more of the following):

The 2002 Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Biomedical Research Involving Human Subjects

5. Designation of Institutional Review Boards (IRBs)

This Institution designates the following IRB(s)/IEC(s) for review of research under this Assurance (if the IRB(s)/IEC(s) 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: Reliance on the IRB/IEC of another institution or organization or an independent IRB/IEC must be documented by a written agreement that is available for review by OHRP upon request. OHRP's sample IRB Authorization Agreement may be used for this purpose, or the parties involved may develop their own agreement. Future designation of other IRB(s)/IEC(s) requires an update of the FWA.

HHS IRB/IEC Registration Num Name of IRB/IEC As Registered with HHS

IRB00000001 NATIONAL INSTS OF HLTH - NCI - IRB #1

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

First Name: TAMARA Middle Initial: V Last Name: ONISHCHENKO

Degrees or Suffix (e.g., MD, PhD): MA Institutional Title: SENIOR OFFICER

Institution: STATE RESEARCH CENTER OF VIROLOGY AND BIOTECHNOLOGY "VECTOR"

Telephone: +7 (383) 3367428 FAX: +7 (383) 3367409 E-mail: TAMARA@VECTOR.NSC.RU

Address: SRC VB VECTOR

City: KOLTSOVO, NOVOSIBIRSK REGIOSbuntry: RUSSIA

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7. Signatory Official (i.e., Official Legally Authorized to Represent the Institution -- cannot be IRB/IEC Chairperson or IRB/IEC member)

I understand that the Assurance Training Modules on the OHRP website describe the responsibilities of the Signatory Official, the IRB/IEC Chair(s), and the Human Protections Administrator under this Assurance. Additionally, I recognize that providing all research investigators, IRB/IEC 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)/IEC(s) designated above are to provide review for all research to which this Assurance applies. The designated IRB(s)/IEC(s) will comply with the Terms of the Federalwide Assurance for International (Non-U.S.) Institutions 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.

FAX: +7 (383) 3367409

Signature:		Date:	
Alexander N Sergeev			
First Name: ALEXANDER	Middle Initial: N	Last Name: SERGEEV	
Degrees or Suffix (e.g., MD, PhD): PH.D,	DR.SC, PROF.	Institutional Title: DEPUTY DIRECTOR	
Institution: STATE RESEARCH CENTER OF VIROLOGY AND BIOTECHNOLOGY "VECTOR"			

E-mail: SERG@VECTOR.NSC.RU

Address: SRC VB VECTOR

Telephone: +7 (383) 3366010

 ${\tt City: KOLTSOVO,\ NOVOSIBIRSK\ REGIO {\tt D} buntry: RUSSIA}$

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8. FWA Approval	
The Federalwide Assurance for the Protection of Human Subjects for (Non-U.S.) Institutions submitted to HHS by the above Institution is he	
Assurance Number:	Expiration Date:
Signature of HHS Approving Official:	Date:

Institution Name: STATE RESEARCH CENTER OF VIROLOGY AND BIOTECHNOLOGY "VECTOR"

2/10/2009 5:05:15 AM

Submission Number: 12032

OMB No. 0990-0278

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Do not return the completed form to this address.