

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, RUSSION FEDERAL RUSSIA

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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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 REGION Country: 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.

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"

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8. FWA Approval

The Federalwide Assurance for the Protection of Human Subjects for International (Non-U.S.) Institutions submitted to HHS by the above Institution is hereby approved.

Assurance Number:

Expiration Date:

Signature of HHS Approving Official: _____ Date: _____

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 or update. An agency may not conduct or sponsor, 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.