OPOC Ohio Perinatal Quality Collaborative	SA SA		
Outpatient Clinic {Name}	Affiliated OPQC Charter Hospital {Name}	Affiliated OPQC Charter Hospital's Network {Name}	Outpatient Clinic & Charter Site Relationship

Outpatient Clinic - OBBO Site? {Yes/No}	Our Contact Who Can Help	Responsible QIS

	Outpatient Clinic
Outpatient Clinic Address	City/State/Zip
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Outpatient Clinic Key Contact Name(s)	Outpatient Clinic Key Contact Email Address	Outpatient Clinic OB Lead Name(s)

Outpatient Clinic OB Lead Email Address Charter Hospital Key Contact Name(s) Charter Hospital Address
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Charter Hospital	Authorized IRB Key	
City/State/Zip	Contact Name for Site	Authorized IRB Key Contact Email Address
	l	

Date Packet Sent via Email {Day, mm/dd/yyyy}	Date Packet Sent via USPS {Day, mm/dd/yyyy}	Date FEDEX Packet Signed {mm/dd/yyyy, person who signed and location}	Date Packet Returned to OPQC {mm/dd/yyyy}

How returned? Mail or Email?	WHO Signed Agreement? Was it the physician lead? {Name and Title}	Did they include the date on <u>TOP</u> of the PROJECT ADDENDUM?

ANY CHANGES MADE TO THE DOCUMENT? {Yes/No - if Yes, list changes}	Date sent to legal - for John Maybury's office {mm/dd/yyyy}

Date received from John Maybury's office {mm/dd/yyyy}	Date Scanned {mm/dd/yyyy}	Date final (signed by both) emailed to site {mm/dd/yyyy}	Date added to the Regulatory Binder {mm/dd/yyyy}

Suggested IRB Contact {Name and Title}
Subsected in S contact (Name and Title)
<u></u>
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Follow-up Information {mm/dd: f/u details}

Notes