Partners with observer status

ISARIC offer two different forms of membership – Full Membership and Individual Membership (see Governance Framework v.4.2). Membership is not always an option for political or institutional reasons.

Organisations or individuals within organisations that cannot officially join ISARIC, such as representatives from external research networks, public health institutions, regulatory agencies, funding organizations, or pharmaceutical industry experts may be invited as observers on Working Groups, and project teams. However, non-members/observers cannot be elected to Chair Working Groups or become members of the Council or the Executive Committee. The participation of observers in ISARIC activities is at the discretion of the Executive Committee or Council.

Any organisation or individual wanting to be an observer/non-member participant must fill in this form and submit it to the ISARIC Coordinating Centre by regular mail (see details below).

All members and observers will be added to the general email list for ISARIC. To opt out, the Coordinating Centre must be notified.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Application for ISARIC Observer Status*** | | | | | |
| **1. Information of Organisation[[1]](#footnote-1)** | | | | | |
| a. Organisation name and acronym: | | | | | |
| b. Type of organisation:  *(e.g. Public Health, Industry, Funding Organisation etc.)* | | | | | |
| c. Academic field (if applicable): | | | | | |
| d. Adult / Paediatric / Maternal health  *(Please indicate)* | | | | | |
| e. Objectives of network/organisation:  *(Continue overleaf if needed)* | | | | | |
| f. Trials completed: | | | | | |
| g. Access to patients for enrolment into studies: Y/N  *(Please indicate)* | | | | | |
| h. Publications (key 3 papers):  1.  2.  3. | | | | | |
| i. Participating institutions and partnerships:  *(Academia/Industry/Government/Other)* | | | | | |
| j. Countries involved:  *(Please list)* | | | | | |
| k. Website address: | | | | | |
| **2. Contact details** | | | | | |
| a. Contact person: | | | | | |
| b. Institutional affiliation: | | | | | |
| c. Postal address: | | | | | |
| City: | | County/Province/State: | | | |
| Zip/postal number: | | | Country: | | |
| d. Phone number | Office: | | Mobile: | | |
| e. Email address: | | | | | |
| f. Is the contact point the same as the principal investigator/director: Yes / No  *(If ‘Yes’ please continue to section 3, if ‘No’, please fill in section 2g)* | | | | | |
| g. If you answered ‘no’ to question 2f, please provide the name and contact details of the principal investigator here: | | | | | |
| Name: | | | | | |
| Institutional affiliation: | | | | | |
| Phone number | Office: | | | Mobile: | |
| Email address: | | | | | |
| **3. Working group membership** | | | | | |
| a. Does your network wish to join a working group? Y/N  *(Please indicate)* | | | | | |
| b. If ‘yes’ (3a), please provide the name(s) and email address(es) of the network representatives wanting to join the working groups listed below. | | | | | |
| **WG1: Inter-pandemic clinical trials** | | | | | |
| Name: | | | | | |
| Email: | | | | | |
| **WG2: Global data collection and collation** | | | | | |
| Name: | | | | | |
| Email: | | | | | |
| **WG3: Genomics, Pathogenesis and Pharmacology** | | | | | |
| Name: | | | | | |
| Email: | | | | | |
| **WG4: Changing Clinical Research paradigms for rapidly emerging public health threats** | | | | | |
| Name: | | | | | |
| Email: | | | | | |
| **5. Signature and date** | | | | | |
| By signing this form, I agree to the mission statement and open access ethos described in ISARIC’s membership policy, and I confirm that my organisation will comply with the same statement and objectives in all ISARIC-related activities and the activities of the working groups and project groups in which we take part, to the extent possible.  I am authorised to sign and submit this application on behalf of my organisation. | | | | | |
| Signature of applicant: | | | | | Date: |
| Name of applicant: | | | | | |
|  | | | | | |
| ***For ISARIC’s use only*** | | | | | |
| Signature, ISARIC Project Manager: | | | | | |
| Date received: | | | | | |
| Reference number: | | | | | |

All forms must be signed and returned to the ISARIC Coordinating Centre by post:

NDMRB

ISARIC, Att. Kajsa-Stina Longuere

University of Oxford, Centre for Tropical Medicine

Old Road Campus, Roosevelt Drive

Oxford, OX3 7LE

United Kingdom

Please contact the Project Manager if you encounter any problems when filling out this form, or if you have any enquiries with regards to ISARIC or the Membership Policy:

Kajsa-Stina Longuere, ISARIC Project manager

[kajsa-stina.longuere@ndm.ox.ac.uk](mailto:kajsa-stina.longuere@ndm.ox.ac.uk) | Office: +44 (0)1865 612965 | Mobile: +44 (0)771 8696 412 | Postal address as above.

*The information submitted on this form is kept for the purpose of ISARIC’s membership inventory, for the dissemination of information to all confirmed members of ISARIC, and for the construction of ISARIC’s working groups. All data will be kept under lock and key and stored in a password-protected database, which is accessible solely by ISARIC’s Secretariat. The data is stored and kept in compliance with the UK Data Protection Act 1998:* [*http://www.admin.ox.ac.uk/dataprotection/*](http://www.admin.ox.ac.uk/dataprotection/)

1. “Organisation” is here defined to be an institute, institution, company, industrial entity, association, agency, society, academy, or other entity that seeks observer status. Individuals are not eligible to apply for Observer Status – but may apply for Individual Membership. [↑](#footnote-ref-1)