**Carnegie Mellon**

**Office of Research Integrity and Compliance**

**Institutional Review Board: Request for CMU to Cede IRB Review**

**Instructions for use:** To be completed when a Carnegie Mellon University investigator is submitting an initial request for the CMU IRB to rely on an external IRB for a multi-site research study.

Note, if any of this request is incomplete at the time of submission, you will be prompted to submit another request until a complete submission is received by our office.

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| **CMU Principal Investigator** |  |
| **Study Title** | *(Note, this is the verbatim title that will appear on the agreement for this project; ensure all sites involved are using the same title.)* |
| **SPARCS Study ID** | *(Note, if you have already created an sIRB Pathway submission in SPARCS, please provide the study number. If not, the IRB application can be completed/submitted later, once the reliance agreement is complete.)* |
| **Funding Source** | *(If you have a SPARCS funding proposal or subaward # please include that FPxxxx or Axxxx number)* |
| **For Federally funded Projects** | *Name of Institution that is the Primary Awardee of the grant* |
| **Why is the Reliance Request being made?** | Condition of funding  CMU PI Relocating  External site(s) not engaged in human subjects’ research  Other, specify: |
| **Role of CMU PI and staff in this research study** (Select all that apply) | Recruitment  Obtaining Consent  Data Collection  Implementing/administering research intervention  Identifiable data/sample analysis  De-identified data/sample analysis  Other, specify: |

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| **Have all CMU study staff completed the education and training modules required for this study?** | Yes  Study Team Training is needed for:  A summary of required training can be found at: [ORIC HSR Required Training](https://www.cmu.edu/research-compliance/human-subjects-research/training.html) |

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| **Consent Template – please attach if available** | AttachedN/A |

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| Complete only if there is a  **Device/ Drug** | Device  Drug  Notes: |

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| **Institution you are requesting to act as IRB of Record** | Name:  Address:  City, State, Postal Code:  Federalwide Assurance (FWA) Number: |
| **Has the IRB of Record joined SMART IRB as a participating institution?** | Yes  No |
| **Attach the IRB authorization agreement from the external site, if available** | AttachedN/A |

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| **At the Institution that will serve as the IRB of Record:** |  |
| **Lead Investigator** | Name:  Email Address: |
| **Lead Study Coordinator** | Name:  Email Address: |
| **IRB Representative** | Name:  Email Address:  Phone number: |
| **IORG Number** | *The* ***IORG number*** *is a unique* ***number*** *assigned by OHRP to your institution or organization the first time your institution or organization registered an IRB. Found here:* [*http://ohrp.cit.nih.gov/search/*](http://ohrp.cit.nih.gov/search/) |
| **Does this Institution participate in Huron IRB Exchange?** | Yes  No  *N/A at this time* |
| **IRB Quality Control at this Institution** | AAHRPP  OHRP Quality Assessment  Internal QA Program  None  Other: |

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| **Attach the protocol summary or human subjects’ section of the grant application for review.** |
| **Additional Comments:** |