**Carnegie Mellon**

**Office of Research Integrity and Compliance**

**Institutional Review Board: Request for CMU to serve as IRB of Record**

**Instructions for use:** To be completed when a Carnegie Mellon investigator is submitting an initial request for the CMU IRB to serve as the IRB of record for a collaborative 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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| **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** | Federal, specify agency:  Foundation, specify agency:  Industry, specify:  Internal Department funds  Other, specify:  *(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* |
| **Total Number of Relying Sites for the project, not including CMU site** | # Relying sites: |
| **Why is the Reliance Request being made?** | Condition of funding  CMU PI Relocating  External site(s) not engaged in human subjects’ research  Other, specify: |
| **What is the Risk Level of this study?** | Minimal RiskGreater than Minimal Risk Not sure |

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

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| **At which CMU sites will the research be performed?** | CMU - Pittsburgh  Other, specify: |
| **Attach the protocol summary or human subjects section of the grant application for review.** | |
| **Additional Comments:** | |
| **Appendix A**  **Instructions for use:** Complete a separate Appendix A for each institution requesting to rely on the Carnegie Mellon University IRB. | |
| **Relying Site** | Legal Name:  Address:  City, State:  Postal Code: |
| **Does the Relying Site have their *own* IRB (i.e., does not contract to a commercial IRB)?** | Yes  No, provide details: |
| **Does the Relying Site have a Federalwide Assurance (FWA)?** | Yes, FWA number:  No |
| **Has the Relying Site joined SMART IRB as a participating institution?** | Yes  No |
| **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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| **At the Relying Site:** |  |
| **IRB Representative** | Name:  Email Address:  Phone number: |
| **Lead Investigator** | Name:  Email Address: |
| **Lead Study Coordinator** | Name:  Email Address: |
| **Role(s) of Lead Investigator at Relying Site (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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| **Additional Comments:** |

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| **Appendix A**  **Instructions for use:** Complete a separate Appendix A for each institution requesting to rely on the Carnegie Mellon University IRB. | |
| **Relying Site** | Legal Name:  Address:  City, State:  Postal Code: |
| **Does the Relying Site have their *own* IRB (i.e., does not contract to a commercial IRB)?** | Yes  No, provide details: |
| **Does the Relying Site have a Federalwide Assurance (FWA)?** | Yes, FWA number:  No |
| **Has the Relying Site joined SMART IRB as a participating institution?** | Yes  No |
| **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/> |
| **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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| **At the Relying Site:** |  |
| **IRB Representative** | Name:  Email Address:  Phone number: |
| **Lead Investigator** | Name:  Email Address: |
| **Lead Study Coordinator** | Name:  Email Address: |
| **Role(s) of Lead Investigator at Relying Site (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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| **Additional Comments:** |