**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 Risk[ ] Greater than Minimal Risk [ ] Not sure |

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| Complete only if there is a **Device/ Drug** | [ ]  Device [ ]  DrugNotes:  |

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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 [ ]  NoN/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:**  |