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| * **Use this form for new studies reviewed under the reliance agreement.** * **PI is required to obtain approval of the request to rely as a first step before requesting for review under a reliance agreement with the lead institution.** * **This form is to be completed and submitted for approval.** |

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| 1. **Reviewing IRB for the study** | | | |
|  | HMC IRB |  | QBB IRB |
|  | Sidra Medicine IRB |  | WCM IRB |
|  | PHCC IRB |  | Other Specify: Click or tap here to enter text. |

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| 1. **Protocol Information** | |
| * 1. **Project status:** | |
| Yes  No | New project |
| Yes  No | Approved project and PI intend to initiate collaboration |
| * 1. **Project details:** | |
| Reviewing IRB Protocol Number (if available): | Click or tap here to enter text. |
| Protocol Title: | Click or tap here to enter text. |
| Lead Institution: | Click or tap here to enter text. |
| Principal Investigator Name, Title, and Email: | Click or tap here to enter text. |
| Relying Institution Investigator Name, Title, and Email: | Click or tap here to enter text. |
| Relying Institution Investigator Name, Title, and Email: | Click or tap here to enter text. |
| Relying Institution Investigator Name, Title, and Email: | Click or tap here to enter text. |
| Relying Institution Investigator Name, Title, and Email: | Click or tap here to enter text. |
| Funding Source: | Click or tap here to enter text. |
| Grant ID and Title (if available): | Click or tap here to enter text. |

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| 1. **Study Details** |  |  |  |

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| * 1. **Summary of the research study** | |
| Click or tap here to enter text. | |
| * 1. **Use of drug, nutritional supplement, biologics, medical devices** | |
| Does your study include any of the following | |
| Yes  No | Drugs or Nutritional Supplements |
| Yes  No | Biologics |
| Yes  No | Medical Devices |
| If yes, list all: Examples include  • Unapproved drugs/biologics whose use is specified by the protocol  • Approved drugs/biologics whose use is specified in the protocol  • Foods or dietary supplements whose use is specified in the protocol  Click or tap here to enter text. | |
| * 1. **Will this research involve use of prospective or retrospective data/samples** | |
| Yes  No | 1. Prospective data/sample collection |
| Yes  No | 1. Use of existing data/samples |
| * 1. **Population** | |
| Will the study use any of the following populations? | |
| Yes  No | Minors (under the age of 18) |
| Yes  No | Pregnant Women/Fetuses |
| Yes  No | Prisoners |
| Yes  No | Cognitively Impaired |
| Yes  No | students or employees |
| Additional details: Click or tap here to enter text. | |
| * 1. **Consent process and documentation** | |
| Yes  No | Are you requesting for a waiver of consent |
| Yes  No | Are you requesting for a waiver of documentation of consent |
| * 1. **Data and/or sample banking for future use** | |
| Yes  No | Will there be banking of samples and/or data at the relying institution |
| If yes, please provide a brief description of the type of samples/data that will be stored for future research  Click or tap here to enter text. | |
| * 1. **Collaborators** | |
| Yes  No | Does the study have other collaborative sites |
| If yes, please list the collaborator sites  Click or tap here to enter text. | |
| * 1. **Role of Relying Institution on the study** | |
| Recruitment of subjects, If yes, total recruitment number : | |
| Interacting with potential subjects for recruitment purposes which includes collecting data and administering study interventions | |
| Analyzing private identifiable information /records/grades | |
| Analysis and/or access of completely de-identified data | |
| Study coordination and data management | |
| Other; describe:  Click or tap here to enter text. | |

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| 1. **Non-IRB related agreements** |
| Status of the contract/MTA/DUA for the project |
| Submitted |
| Yet to be submitted |
| Other; provide brief  Click or tap here to enter text. |

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| 1. **Supporting documents that can be uploaded along with this request** |
| * Research plan/grant proposal if applicable |
| * IRB protocol if available   [For e.g., if the study was previously approved and PI plans to initiate collaboration] |

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| 1. **Signature- Relying IRB** | |
| Date Signed: | Click or tap here to enter text. |
| Name of person completing the form: | Click or tap here to enter text. |
| Date of Signature: | Click or tap here to enter text. |
| Point of contact of Relying IRB (or equivalent office) Authorized Signature | Click or tap here to enter text. |
| Name and designation: | Click or tap here to enter text. |