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|  | | | **External Site IRB Reliance Request Form*****(For an External Institution to Rely Upon the FIU IRB)*** | | |
| Instructions for Submitting this External Site IRB Reliance Request  *This form is only to be used for requests to have the FIU IRB to serve as the IRB of Record for an external site engaged in a collaborative research project. This form needs to be completed by the external investigator, reviewed by the external site’s IRB Office, and then uploaded by the FIU PI to the online TOPAZ system as part of the “FIU IRB Application Form” application.*  *The external site must have an active Federalwide Assurance (FWA) on file with the Office of Human Research Protections (OHRP).*  *Note: This form is not to be used for requests to have an external IRB serve as the IRB of Record for FIU. All requests to have FIU rely upon an external IRB approval need to be submitted via the online TOPAZ “IRB Reliance Request Form.”* | | | | | |
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| **I. ADMINISTRATIVE DATA** | | | | |  |
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| 1. **Project Title** | |  | | | |
| 1. **FIU Principal Investigator Information:** | | | | | |
| Name *(must be faculty)*: | |  | | | |
| Email Address: | |  | | | |
| Phone Number #: | |  | | | |
| Department: | |  | | | |
| 1. **FIU TOPAZ Reference #** | |  | | | |
| 1. **Funding Source** | |  | | | |
| 1. **Prime Awardee Institution** | |  | | | |
| **II. PROJECT OVERVIEW** | | | |  | |
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1. **Summary of the Overall Research Project**

Provide a brief summary of the research project in layman terms.

1. **Risk Level of Overall Project**

Greater than minimal risk

Minimal risk

1. **Type of Overall Project (Select all that apply)**  
    Data Collection

Secondary Data Analysis

Biological Sampling

Drugs or Medical Devices

Radiation

Deception

Clinical Trial

Other – Describe:

1. **Location(s) of Overall Research Project**

Provide all of the location(s) where this research project will take place.

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| **III. EXTERNAL INSTITUTION** | |  |
| 1. **External Investigator Information:** | | |
| Name and Title: |  | |
| Email Address: |  | |
| Phone Number #: |  | |
| Institution Name: |  | |

1. **Other External Personnel**Provide the names of any other researchers from the same external institution that will be participating with the external Investigator on this project (attach additional sheet if necessary).

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| **Names** | **Position** |
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1. **Human Subject Research Activities**

Briefly describe the human subject research activities that will be conducted by the external researcher(s) (recruiting, informed consent, collecting data, analyzing data, etc.).

1. **Conflict of Interest**

Does anyone on the external study team, their spouses, or dependent children have a financial interest (including salary or other payments for services, equity interests, or intellectual property rights) that would reasonably appear to be affected by the research, or a financial interest in any entity whose financial interest would reasonably appear to be affected by the research? If yes, please explain.

1. **External IRB/Research Office Contact Information:**

Provide the contact information for the person within the IRB/research office at the external institution that handles IRB Authorization Agreements.

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| Name and Title: |  |
| Email Address: |  |
| Phone Number #: |  |

1. **Additional Comments**

Provide any additional comments and/or attachments that you would like to include in reference to this reliance request.

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| **IV. AFFIRMATION OF EXTERNAL INVESTIGATOR** |  |

* As the External Investigator, I am confirming that the information I have provided in this form is accurate and true.
* I will follow the protocol and not implement any changes without prior approval from the FIU IRB.
* I will promptly report any unanticipated problems involving risks to subjects or others to the FIU PI so he/she can report it to the FIU IRB.
* I am aware of my local institution’s policies and procedures to conduct research at my local institution.
* I will cooperate with any monitoring oversight by the FIU IRB or my institutional representatives.

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Signature of External Investigator Date

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| **V. EXTERNAL INSTITUTION IRB/RESEARCH OFFICE ASSESSMENT** |  |

* The above request has been assessed by the local IRB/research office of the External Institution and all of the information provided is appropriate.
* All applicable local context concerns relating to this project are attached, if applicable.
* The investigator/research team has completed all of our local IRB training requirements, is in good standing, and is qualified to be engaged in this project.
* We are supportive of ceding review of this project to the FIU IRB under an appropriate IRB Authorization Agreement or Reciprocity Agreement.

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Signature of Authorized Official from External Institution Date

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Name of the Authorized Official from External Institution