**REQUEST FOR SINGLE IRB REVIEW**

Instructions:

1. This form is to be used for human subject research projects in which investigators from Boston University (BU) Charles River Campus (CRC) and another institution are [engaged in research](http://www.hhs.gov/ohrp/humansubjects/assurance/engage.htm).
2. Definitions:
* Reviewing Institution: The Institution responsible for the IRB review of the research study.
* Relying Institution: The Institution that will rely on the IRB review of the reviewing Institution.
1. Complete this form and submit to: irb@bu.edu. The Investigator from the collaborating institution should contact their IRB with the information on this form. The CRC Reliance Specialist will contact the IRB/reliance representative at the collaborating institution(s) to review the request. Once the decision has been made, the investigators will be notified.
2. In addition to submitting this form to the CRC IRB, a reliance request must be entered into [SMART IRB](https://reliance.smartirb.org/users/sign_in). SMART IRB is a platform that serves as a reliance agreement between reviewing and relying institutions, and a web-based system for investigators to request, track, and document study-specific reliance arrangements. If an institution is not a signatory of SMART IRB, an IRB Authorization Agreement may be used. Please see [here](https://smartirb.org/participating-institutions/) for a list of participating SMART IRB institutions.
3. If you have any questions, please contact the CRC IRB Office, or Shayne Deal the CRC Reliance Specialist, at sdeal101@bu.edu or 617-358-6116.

**REQUEST FOR SINGLE IRB REVIEW FORM**

**SECTION A: BU CRC Investigator Information**

*Note: An Investigator may be the lead PI, the site PI, or research personnel (including staff and students)*

**CRC Investigator Name, Degrees**: Click or tap here to enter text.

**CRC School**: Click or tap here to enter text.

**CRC Mailing Address**: Click or tap here to enter text.

**BU Email Address**: Click or tap here to enter text.

**BU Phone Number**: Click or tap here to enter text.

[ ]  Check if overall Principal Investigator for this study

[ ]  Check if site PI overseeing research on the CRC or other location

**List any additional department contact person and their contact information**:

Click or tap here to enter text.

**SECTION B: Protocol Information**

1. **BU Protocol Title:** Click or tap here to enter text.
2. **BU Protocol Number:** Click or tap here to enter text.
3. **Brief summary of the research:**

Click or tap here to enter text.

**SECTION C: Reviewing Institution**

1. List the proposed Reviewing Institution: Click or tap here to enter text.
* FWA #: Click or tap here to enter text.
* Protocol #: Click or tap here to enter text.
* PI name: Click or tap here to enter text.
* PI email address: Click or tap here to enter text.
* IRB contact name: Click or tap here to enter text.
* IRB contact information: Click or tap here to enter text.
* Institution uses [SmartIRB](https://smartirb.org/participating-institutions/): [ ] Yes [ ] No
* Describe research activities at the Relying Institutions, per institution**:** Click or tap here to enter text.
1. Describe research activities at the Reviewing Institution**:**

Click or tap here to enter text.

1. Justification for the request:

Click or tap here to enter text.

**Section D: Relying Institutions**: *provide information below for each institution relying on the reviewing IRB*

1. Institution Name: Click or tap here to enter text.

FWA #: Click or tap here to enter text.

Protocol #: Click or tap here to enter text.

Investigator name: Click or tap here to enter text.

Investigator email address: Click or tap here to enter text.

Investigator is research personnel:[ ] Yes [ ] No

Investigator is site PI: [ ] Yes [ ] No

IRB contact name: Click or tap here to enter text.

IRB contact information: Click or tap here to enter text.

Institution uses [SmartIRB](https://smartirb.org/participating-institutions/): [ ] Yes [ ] No

Describe research activities at the Relying Institutions, per institution**:** Click or tap here to enter text.

1. Institution Name: Click or tap here to enter text.

FWA #: Click or tap here to enter text.

Protocol #: Click or tap here to enter text.

Investigator name: Click or tap here to enter text.

Investigator email address: Click or tap here to enter text.

Investigator is research personnel:[ ] Yes [ ] No

Investigator is site PI: [ ] Yes [ ] No

IRB contact name: Click or tap here to enter text.

IRB contact information: Click or tap here to enter text.

Institution uses [SmartIRB](https://smartirb.org/participating-institutions/): [ ] Yes [ ] No

Describe research activities at the Relying Institutions, per institution**:** Click or tap here to enter text.

**SECTION E: Funding**

[ ]  **The Research is funded**: If yes, provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Prime Awardee** | **Subcontract Institution** | **Sponsor Name** | **Grant Number** |
| enter text. | enter text. | enter text. | enter text. |
| enter text. | enter text. | enter text. | enter text. |
| enter text. | enter text. | enter text. | enter text. |

[ ] **The research funding is** **pending;** if yes, provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Awardee Institution** | **Subcontract Institution** | **Sponsor Name** | **Expected Award Date** |
| enter text. | enter text. | enter text. | enter date. |
| enter text. | enter text. | enter text. | enter date. |
| enter text. | enter text. | enter text. | enter date. |

[ ]  **The research is** **not funded.**  If the research is not funded, indicate how research activities and expenses will be covered, including any commitments made to research participants (e.g. remuneration for participation, parking, medical expenses, etc.):

Click or tap here to enter text.

**SECTION F: Signature and Date**

CRC Investigator printed name: Click or tap here to enter text.

CRC Investigator Signature:  Date: enter date.

**If the Investigator is a Student, the Faculty Advisor must sign below:**

By signing this form, you are indicating that you have reviewed the application, that you agree to serve as the Co-PI for this study with the student and that you will be responsible for the ethical conduct of this student’s human subjects research.

Faculty Advisor printed name: Click or tap here to enter text.

Faculty Advisor Signature: Date: enter date.

**If the Investigator is Faculty, the Department Chair must sign below:**

By signing this form you are indicating that you have reviewed the application, the faculty/staff person listed as PI on this protocol is a member of your department, that they are qualified to serve as the PI for this study, that they have the adequate resources, and the research utilizes acceptable practice for the discipline**.**

Department Chair printed name: Click or tap here to enter text.

Department Chair Signature: Date: enter date.