**REQUEST FOR RELIANCE-GENERAL**

**Purdue University, Institutional Review Board**

When Purdue University will be engaged in human subject research with one or more institutions, investigators may submit a Request for Deferral asking that the review be deferred to one institution’s Institutional Review Board (IRB). This includes situations in which the same participants are being accrued, studied, or evaluated at both institutions. In general, most IRBs acknowledge that research considered exempt under the regulations does not require this deferral process. If the research is determined to be exempt at another institution, please submit this determination to the Purdue IRB.

*Reviewing Institution- the IRB determined to have the authority to review and oversee the collaborative research project. This term is also known as the IRB of record.*

*Deferring Institution- the institution(s) whose human research protection program (HRPP) has agreed to cede IRB review of a collaborative research project to the Reviewing Institution(s).*

A copy of this form, and the agreement signed by both IRBs, shall be kept at both institutions and should be submitted to the Reviewing Institution with the application documents.

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| **Investigator Information** |

**Lead investigator at Reviewing Institution conducting IRB review:**

Principal Investigator:       Institution:      \_\_\_\_\_

Building/Room No.:       Department:     \_\_\_\_

Phone:       E-Mail:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lead investigator(s) at Deferring Institution(s) deferring IRB review:**

Name:       Institution:      \_\_\_\_\_

Building/Room No.:       Department:

Phone:       E-Mail:

*Add more locations as required for this study.*

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| **Project Information** |

1. Project Title:

IRB protocol number at Reviewing Institution:

IRB protocol number/status at Deferring Institution:

2. If the study is funded, list all potential study sponsors, and note if the funding is pending or confirmed:

3. Please provide a brief description of the overall study. Focus your description on the human subjects research activities to be conducted.

4. Identify all locations where study activities will occur, the activities (e.g. recruitment, data collection, data analysis) at each location. Include who will be responsible for oversight at each location:

Purdue University

Description of activities at this location:

Oversight responsibilities belong to:

Location:

Description of activities at this location:

Oversight responsibilities belong to:

*Add more locations as required for this study.*

5. Will identifiable protected health information (PHI) be used for this research?

No

Yes, a copy of the data security plan will be provided to the IRB of record.

6. Will the study involve human tissue, cell lines, other human bodily fluids or embryonic stem cells?

No

Yes, please explain and describe which sites will be utilizing these materials.

7. Will the study involve the use of Radioactivity/Radioisotopes, or Recombinant/Synthetic Nucleic acids administered to human subjects?

No

Yes, please explain and describe which sites will be utilizing these materials.

8. The Purdue University Principal Investigator on this application is responsible for ensuring that all Purdue University investigators responsible for the design, conduct, or reporting on this research protocol have disclosed any research-related Significant Financial Interests (SFIs), All Investigators with SFIs, are required to fill out a Research Related Significant Financial Interest Disclosure at: <https://webapps.ecn.purdue.edu/VPR/PDD>

Does the Purdue University principal investigator or any investigator on this study have a Significant Financial Interest related to this study?

No

Yes

Unsure (contact [fcoi@purdue.edu](mailto:fcoi@purdue.edu))

9. If Purdue University is requested to serve as the Reviewing IRB (as described at the top of this form), attach a copy of all training records from Key Personnel at the sites external to Purdue University.

I certify that the above information is true and complete to the best of my knowledge. I will contact the Purdue IRB if any changes to this arrangement arise. I will comply with the Reviewing Institution’s requirements.

Signature of Purdue University PI Date

Typed Name

*Please upload the signed document to the Purdue IRB (*[*www.irb.purdue.edu*](http://www.irb.purdue.edu)*) by clicking “submit a protocol”.*

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| **For IRB Office Use Only** |

IRB review to be conducted by:

Purdue University IRB

If Purdue University is the reviewing site, the Purdue HRPP must complete the table below.

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| --- | --- |
| Has Purdue IRB been provided with adequate detail of each site’s human subjects research activities (e.g. confirmation of roles described above, a copy of the deferring institution’s protocol, or statement of work from the deferring institution)? | No  Yes |
| Deferring sites without AAHRPP accreditation must provide signed documentation from the site’s IRB Chair confirming local context review. In addition, sites without an FWA must provide agreement to send annual update to the Purdue IRB. Are either of these documents required? | No  Yes |
| Does the review require confirmation of site-specific procedures to confirm approval at local sites of IRB-relevant reviews including, but not limited to, biosafety, radiation safety, recombinant DNA research, or human stem cell research. If yes, this item must be verified (on the IAA) prior to the site’s inclusion on the study. | No  Yes |
| Has/Have the relying institution(s) provided confirmation of the disclosure and/or management of any financial conflicts of interest related to human subjects research?  If no, this item must be verified prior to the site’s inclusion on the study. | No  Yes |

Additional Comments pertaining to the reliance (include information such as financial conflict of interest disclosures, dates of anticipated study completion, sponsorship, other regulatory committee approvals, etc.)