The purpose of this application is to see if the proposed research qualifies for an IRB Reliance with the University of Miami serving as the IRB of record for the research. Please answer all of the questions and submit the application in eProst or via email.

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| 1. If you have an eProst number, enter it here. (Please note, an eProst application is not required until  the HSRO has determined whether the reliance can move forward |
|       |
| 2.UM Investigator |
|       |
| 3. Name of Relying Site:  |
|       |
| 4. Study Title: |
|       |
| 5. Name of Relying Site Investigator and credentials: |
|       |
| 6. Relying Site Investigator phone number and email address: |
| Phone |       |
| Email |       |
| 7. Who is primary contact for UM site: |
|       |
| 8. UM Primary Contact phone number and email address: |
| Name |       |
| Phone |       |
| Email  |       |
| 9. Person Completing this Form, if different from Primary Contact |
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| 10. Will UM serve as the single IRB for all participating sites? |
|[ ]  Yes |
|[ ]  Maybe |
|[ ]  NO       |

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| 11. Please choose the applicable boxes below |
|[ ]  Study is NIH funded – single IRB review is required |
|[ ]  Study is industry sponsored – single IRB review is requested |
|[ ]  Grantor is requiring single IRB as condition of the grant |
|[ ]  Other       |

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| 12. Before an institution can rely on an external IRB, a “Reliance Agreement” is required. Please indicate which “Reliance Agreement” will be used for this reliance. |
|[ ]  SMART IRB Agreement. See <https://smartirb.org/agreement> for information |
|[ ]  University of Miami HSRO Template Agreement located on the HSRO website |
|[ ]  Other |

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| 13. Describe your plan for overseeing the study sites |
|[ ]  A UM Investigator will be the Lead PI and will oversee all research activities |
|[ ]  A researcher at another institution will be the Lead PI and will oversee all research activities |
|[ ]  Each research site will have its own PI to oversee the study activities at that site |
|[ ]  None of the above |

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| 14. Describe UM’s role in this research. Checklist all that apply |
|[ ]  UM is the grant recipient |
|[ ]  UM is the data coordinating center |
|[ ]  UM Faculty and staff will be interacting or intervening with subjects to obtain data or specimens (this response includes administrating a test article) |
|[ ]  UM Faculty and staff will be collecting information from subjects through surveys or interviews |
|[ ]  UM Faculty and staff will obtain private, identifiable data about subjects through review of records or other information that were collected for another purpose (e.g. EMR, student records, records from another study.) Note: Do not check this box if the data received are coded and linked to the subjects’ identity and the researchers will not have access to the subjects’ identities.  |
|[ ]  UM Faculty and staff will obtain anonymous or de-identified data about subjects that were collected for other purposes (e. g. a different research study, or a di-identified data base) Note: Check the box if the data you are receiving are in a Limited Data Set with a Data Use Agreement or when the data are coded and linked to the subjects’ identity and the UM researchers will not have access to that link.  |
|[ ]  UM Faculty and staff will obtain identifiable human biospecimens that were collected for another purpose. Note: Do not check the box if the biospecimens are coded and linked to the subjects’ identity when UM will not have access to that link. |
|[ ]  None of the above (additional information required)Please provide a description of the procedures UM will be conducting for this research:      |
| 15. Select the procedures the relying site will conduct for this research (check answer that applies): |
|[ ]  The relying site is the grant recipient |
|[ ]  Relying site is the data coordinating center |
|[ ]  Relying site will be interacting or intervening with subjects to obtain data or specimens (this response includes administrating a test article) |
|[ ]  Relying site will be collecting information from subjects through surveys or interviews |
|[ ]  Relying site will obtain private, identifiable data about subjects through review of records or other information that were collected for another purpose (e.g. EMR, student records, records from another study.) Note: Do not check this box if the data received are coded and linked to the subjects’ identity when the relying site researchers will not have access to the subjects’ identities.  |
|[ ]  Relying site will obtain anonymous or de-identified data about subjects that were collected for other purposes (e. g. a different research study, or a di-identified data base) Note: Check the box if the data you are receiving are in a Limited Data Set with a Data Use Agreement or when the data are coded and linked to the subjects’ identity and the relying site researchers will not have access to that link.  |
|[ ]  Relying site will obtain identifiable human biospecimens that were collected for another purpose. Note: Do not check the box if the biospecimens are coded and linked to the subjects’ identity when the researchers receive them and relying site researchers will not have access to that link. |
|[ ]  None of the above (additional information required)Please provide a description of the procedures you will be conducting for this research:      |

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| 16. Provide the name of the funding source, the contact’s name, phone number and email address. |
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A member of the HSRO Reliance Team will review the application and contact you with a decision.

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| **Institutional Sign-Off From HSRO** |
|      ***Signature*** |      ***Printed Name*** |      ***Title*** |      ***Date*** |