

Note: This form is only for reference purposes and represents an example of the online form. To submit a reliance request, log in and use the online form within the Online Reliance System.

* = Required Field

PI / Study

Title of Research Study*

Overall Principal Investigator (PI) Information

The Overall PI is the principal investigator who initiates and assumes leadership and has ultimate responsibility for the conduct of, and to ensure the safety and data integrity for, this Research Study.

First Name*

Middle Name

Last Name*

Home Institution*

Please indicate the institution or School that employs you. If you have appointments from multiple institutions, please select the institution from which you receive your paycheck.

Email Address*

Degree(s)*

Please check all that apply. If the exact degree isn't listed, use the closest equivalent.

- | | | |
|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> BA | <input type="checkbox"/> DDS | <input type="checkbox"/> MD |
| <input type="checkbox"/> BS | <input type="checkbox"/> DMD | <input type="checkbox"/> OD |
| <input type="checkbox"/> MA | <input type="checkbox"/> DNP | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> MBA | <input type="checkbox"/> DrPH | <input type="checkbox"/> PhD |
| <input type="checkbox"/> MPH | <input type="checkbox"/> DVM | <input type="checkbox"/> ScD |
| <input type="checkbox"/> MS | <input type="checkbox"/> JD | <input type="checkbox"/> Other |

Phone*

Research Study Information

Brief Description of
Research Study*

Requested Reviewing
IRB*

The Overall PI's Home Institution will have the first option of electing to serve as the Reviewing IRB. The Home Institution will consider the proposal of an alternate Reviewing IRB, as appropriate.

Reason for requesting this institution*

Please check all that apply.

- PI Home Institution IRB
- Confidentiality/privacy concerns
- Conflict of interest issues
- Concerns regarding need for oversight
- Expertise concerns
- Grant-holding Institution
- Location of research activities
- Proposed Reviewing IRB has already reviewed this study or a similar/related study
- Research subject population
- Risk considerations
- Sensitivity of research
- Student involvement
- Feedback from Institutional Official, Chair, others, IRB
- Other clinical research infrastructure considerations
- Other

Funding Details (if applicable)

Multiple sources may be added.

Funded by*

Primary Awardee
Institution*

Funding Type*

Please check only one.

- Federal Government
- State Government
- Industry
- Other

Sites Involved in the Research

Multiple sites may be added.

Site Name*

Site Investigator (SI) Information

There can only be one designated SI per institution. You will have the opportunity to add additional research personnel later.

First Name*

Middle Name

Last Name*

Degree(s)*

Please check all that apply. If the exact degree isn't listed, use the closest equivalent.

- | | | |
|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> BA | <input type="checkbox"/> DDS | <input type="checkbox"/> MD |
| <input type="checkbox"/> BS | <input type="checkbox"/> DMD | <input type="checkbox"/> OD |
| <input type="checkbox"/> MA | <input type="checkbox"/> DNP | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> MBA | <input type="checkbox"/> DrPH | <input type="checkbox"/> PhD |
| <input type="checkbox"/> MPH | <input type="checkbox"/> DVM | <input type="checkbox"/> ScD |
| <input type="checkbox"/> MS | <input type="checkbox"/> JD | <input type="checkbox"/> Other |

Email Address*

Phone*

A number where we can reach you directly, e.g., cell phone.

Site Details

Research Personnel

Please list all other research personnel involved in this study for each site.

Role*

First Name*

Last Name*

Degree(s)*

Please check all that apply. If the exact degree isn't listed, use the closest equivalent.

- | | | |
|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> BA | <input type="checkbox"/> DDS | <input type="checkbox"/> MD |
| <input type="checkbox"/> BS | <input type="checkbox"/> DMD | <input type="checkbox"/> OD |
| <input type="checkbox"/> MA | <input type="checkbox"/> DNP | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> MBA | <input type="checkbox"/> DrPH | <input type="checkbox"/> PhD |
| <input type="checkbox"/> MPH | <input type="checkbox"/> DVM | <input type="checkbox"/> ScD |
| <input type="checkbox"/> MS | <input type="checkbox"/> JD | <input type="checkbox"/> Other |

Email Address*

Research Participants and Activities

Please provide information on the research activities that will take place at this site.

Please check all that apply.

Type(s) of Research Participants at this Site*

- | | |
|--|--|
| <input type="checkbox"/> No subjects | <input type="checkbox"/> Prisoners |
| <input type="checkbox"/> Healthy controls | <input type="checkbox"/> Persons with impaired decision making |
| <input type="checkbox"/> Adults (as defined by state law) | <input type="checkbox"/> Students |
| <input type="checkbox"/> Newborns, Infants | <input type="checkbox"/> Employees/Staff in Dept/Unit/Lab (vs general recruitment) |
| <input type="checkbox"/> Children age 2 and over (as defined by state law) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pregnant Women/Fetuses | |

Activities at this Site*

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Research Interactions |
| <input type="checkbox"/> Medical Records Review | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Obtaining Informed Consent | <input type="checkbox"/> Other |

Specimen use at this Site*

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Analysis | <input type="checkbox"/> Creation of Repository |
| <input type="checkbox"/> Banking | |

Data Analysis of Health Information*

- | | |
|--|--|
| <input type="checkbox"/> No data analysis will be conducted at this site | <input type="checkbox"/> De-identified but hold a code |
| <input type="checkbox"/> Anonymous | <input type="checkbox"/> Identifiable |
| <input type="checkbox"/> De-identified | |

Research Data*

- | | |
|---|---|
| <input type="checkbox"/> No research data will be retained at this site | <input type="checkbox"/> Will be kept at another location or sent offsite |
| <input type="checkbox"/> All or most of the research records and research related information will be retained at this site | |

Ancillary Services utilized at this site requiring other institutional reviews*

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Radiation Safety (exposure to ionizing radiation or administration of radiopharmaceutical) |
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacy | |

Supporting Documents

Documents containing protected health information (PHI) as defined by HIPAA should not be uploaded to Reliance.

All documents must be PDFs, smaller than 10Mb, and have a unique file name.

Upload:

- **Research Protocol***
- **Consent Template(s) (If applicable)**
- **Other Documentation**