

**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*	
<b>Overall Principal Investigat</b>	or (PI) Information
	ator who initiates and assumes leadership and has ultimate o 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.

# Degree(s)\*

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

BA	DDS	MD
BS	DMD	OD
MA	DNP	PharmD
MBA	DrPH	PhD
MPH	DVM	ScD
MS	JD	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
Ē	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*					
	C				
Degree(s)*					
Please check all that apply. If the exact	degree isn't listed, u	se the closest equivale	ent.		
	□ BA	DDS	MD		
	BS	DMD	D OD		
	MA		PharmD		
	☐ MBA □ MPH	DrPH	☐ PhD □ ScD		
			Other		
Email Address*					
	Γ				
Phone*					

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

# **Site Details**

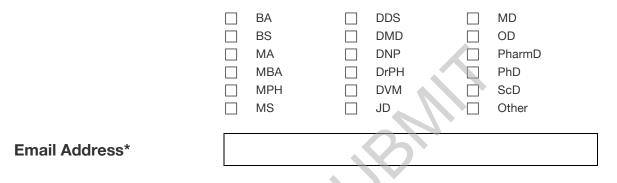
# **Research Personnel**

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.



# **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\*

	No subjects Healthy controls Adults (as defined by state law) Newborns, Infants Children age 2 and over (as defined by state law) Pregnant Women/Fetuses	Prisoners Persons with impaired decision making Students Employees/Staff in Dept/Unit/Lab (vs general recruitment) Other
Activities at this Site*	None Medical Records Review Obtaining Informed Consent	Research Interactions Recruitment Other
Specimen use at this Site*	None Analysis Banking	Collection Creation of Repository

### **Data Analysis of Health Information\***

, 	No data analysis will be conducted at this site Anonymous De-identified		De-identified but hold a code Identifiable
Research Data*			
	No research data will be retained at this site All or most of the research records and research related information will be retained at this site		Will be kept at another location or sent offsite
Ancillary Services utilized at th	nis site requiring other in	stitı	utional reviews*
	None Biostatistics Biomedical Engineering Pharmacy		Nursing Radiation Safety (exposure to ionizing radiation or administration of radiopharmaceutical) Other

# **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