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| **Purpose:** This form is designed to help facilitate the execution of Institutional Review Board (IRB) Authorization Agreements (IAA). An IAA is an agreement between institutions whereby one institution relies on another institution for IRB review. |

**Instructions:** Use this form to request an IAA in which the University of Oregon IRB agrees to either: (a) serve as the IRB of record, ***or*** (b) rely on the IRB review of another institution.

If you are requesting UO to be the lead institution, submit by email to [ResearchCompliance@uoregon.edu](file:///\\rige-s8-files1\RCS-G-Files\RCS\Forms\HS\InProgress\Application_AR\ResearchCompliance@uoregon.edu) this form along with the standard IRB application, forms and attachments. If the protocol has already been approved, please submit this form only.

If you are requesting UO to rely on the IRB review of another institution, submit by email to [ResearchCompliance@uoregon.edu](file:///\\rige-s8-files1\RCS-G-Files\RCS\Forms\HS\InProgress\Application_AR\ResearchCompliance@uoregon.edu) this completed form and all documents submitted to and/or approved by the relying institution (e.g., approval letter, application, protocol, consent form, surveys, etc.)

If you have any questions, please contact Research Compliance Services (RCS) by [email](mailto:ResearchCompliance@uoregon.edu) or phone (541-346-2510).

Save this form to your computer before proceeding.

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| 1. UO Investigator and Protocol Information | |
| **UO Investigator:** |  |
| **Faculty Advisor:** | **UO Protocol Number:** |
| **Study PI** (if different than the UO investigator listed above): | |
| **Study Title:** | |

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| 1. External Investigator and Protocol Information | |
| **Investigator Name:** | **Investigator Phone:** |
| **Investigator Email:** | **External Study Number:** |
| **Study PI** (if different than the investigator listed above): | |
| **Study Title:** | |

| 1. External Institution Information | |
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| **Name of Institution:** | **IRB Contact Name:** |
| **IRB Contact Phone:** | **IRB Contact Email:** |

| 1. IRB Authorization Request Details | | | | | | |
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| * 1. Which institution are you requesting to be the designated IRB of Record? | | | | | | |
| **a.** | |  | **UO IRB**: I am requesting that the UO IRB enter into an IRB Authorization Agreement in that the University of Oregon becomes the IRB of record for the study listed in Parts I and II above. | | | |
|  | |  | **What is the justification? (Check all that apply)** | | | |
|  | |  | The majority of the research activities will be performed at UO | | | |
|  | |  | The majority of the research activities will be conducted or led by UO researchers. | | | |
|  | |  | This is a multi-site study and all sites are deferring to one approving IRB. | | | |
|  | |  | This is a multi-site study with multiple IRB reviews/approvals and UO is the lead site. | | | |
|  | |  | Other - Please provide details: | | | |
|  | | 1. If UO is designated to be the IRB of record, explain how the UO PI will train and supervise the research team members at the external institutions. | | | | |
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| **b.** | |  | **External Institution IRB**: I am requesting that the UO IRB enter into an IRB Authorization Agreement in that the institution listed in Part III above becomes the IRB of record for the study listed in Parts I and II above . | | | |
|  | |  | **What is the justification? (Check all that apply)** | | | |
|  | |  | UO faculty/staff will be performing the majority of the research activities at an external institution/site and the institution/site holds a current FWA and IRB registration. | | | |
|  | |  | The involvement of the UO investigator(s) is limited (describe in ii below) | | | |
|  | |  | Another institution’s reviewing IRB is more properly constituted to review a certain scope of work, or may have knowledge of the local research context. (For example, an international research project where the interaction with the subjects is performed at an external site and the site has an FWA and IRB registration). | | | |
|  | |  | This is a multi-site study with multiple IRB reviews/approvals in which UO is not the lead site. | | | |
|  | |  | Other - Please provide details: | | | |
|  | | 1. If an external IRB is to be designated the IRB of record, provide a brief summary of the overall study. | | | | |
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|  | | 1. If an external IRB is to be designated the IRB of record, specify the role(s) of UO faculty/staff. | | | | |
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| * 1. Funding/Sponsorship | | | | | | |
| **a.** | | Is this research funded/sponsored? | | | | |
|  | | | Yes | No | If “No”, please proceed to next section. | |
| **Sponsor or Funding Agency:** | | | | | | **Award Number, if any:** |
|  | | | | | | |
| **b.** | | If "Yes", is UO the prime awardee institution? | | | | |
|  | | | Yes | No | n/a | |
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* If you are requesting UO to be the lead institution, submit by email to [ResearchCompliance@uoregon.edu](mailto:ResearchCompliance@uoregon.edu?subject=IRB%20Authorization%20Request%20Form) this form along with the standard IRB application, forms and attachments. If the protocol has already been approved, please submit this form only.
* If you are requesting UO to rely on the IRB review of another institution, submit by email to [ResearchCompliance@uoregon.edu](mailto:ResearchCompliance@uoregon.edu?subject=IRB%20Authorization%20Request%20Form) this completed form and all documents submitted to and/or approved by the relying institution (e.g., approval letter, application, protocol, consent form, surveys, etc.)

*[Remainder of page intentionally left blank; acknowledgements and signature page to follow.]*

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| 1. Investigator and Faculty Advisor Signatures |
| * By signing below I certify that I will conduct this research as approved by the University of Oregon CPHS and in accordance with the Investigator Agreement. |

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|  | Click here to type name or insert electronic signature. |  | Click here to enter a date. |  |

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| **UO Investigator Signature Date**   * *Electronic signatures are acceptable. You may type in the name of the Principal Investigator* * *If the person emailing this application is not the Principal Investigator, the Principal Investigator must be copied on the application submission.* | |
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| **REQUIRED FOR STUDENT RESEARCH**   * By signing this form, the faculty research supervisor attests that (s) he has reviewed the research and agrees to provide appropriate education, oversight, and supervision of the student investigator above, and share the above Principal Investigator responsibilities. | |

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|  | Click here to type name or insert electronic signature. |  | Click here to enter a date. |  |

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| **Faculty Advisor Signature Date**   * *Electronic signatures are acceptable. You may type in the name of the Faculty Advisor.* * *If the person emailing this application is not the Faculty Advisor, the Faculty Advisor must be copied on the application submission.* |