**NU IRB of Record: Relying Site Intake Form  
Submission Date:** Click or tap here to enter text.Top of Form

**When to use this form:** Request for Northeastern University to be the IRB of record for a study (another institution will cede review to NU).

* This form will be submitted alongside either an Institutional Authorization Agreement (IAA) or a reliance request in [www.smartirb.org](http://www.smartirb.org)
* This form can be submitted as part of an initial submission or as part of a modification to an already approved NU study.
* Please complete and send this document along with relevant supporting documents to [IRBReliance@northeastern.edu](mailto:IRBReliance@northeastern.edu)

**PROTOCOL INFORMATION**

|  |
| --- |
| **Principal Investigator (NU):** Click or tap here to enter text. |
| **Student Investigator [if applicable]:** Click or tap here to enter text. |
| **IRB Number [if available]:** Click or tap here to enter text. |
| **Protocol Title:** Click or tap here to enter text. |

**FUNDING INFORMATION**

|  |
| --- |
| **Funding agency/source [NU if no external funding source]:** Click or tap here to enter text. |
| **Grant Title:** Click or tap here to enter text. |
| **Grant ID:** Click or tap here to enter text.  **Lead Institution on Grant:** Click or tap here to enter text. |

**COLLABORATING SITE**

|  |
| --- |
| **Relying site name:** Click or tap here to enter text. |
| **Relying site IRB/HRPP contact information** (email or phone number)**:** Click or tap here to enter text. |
| **Relying site PI name:** Click or tap here to enter text. |
| **Relying site PI email:** Click or tap here to enter text. |
| **Reason to defer review to NU:**Briefly explain why NU was selected to be the IRB of record. Click or tap here to enter text. |

**SITE ANCILLARY REVIEW**

|  |
| --- |
| **Confirm site investigators have completed any required COI review:**  I have verified that all study personnel have completed any required site COI reviews. |
| **Has a Conflict of Interest been identified for any investigators at this local site?**  No Yes. Describe the Conflict of Interest: Click or tap here to enter text. |
| **Confirm Site investigators have completed training required by the site:**  I have verified that all study personnel have completed required human subjects training. |
| **HIPAA:** NU will not serve as a privacy board. If the relying site is disclosing PHI (data regulated by HIPAA), the study team is responsible for working with the site to obtain privacy board approval from the site. |

**SITE ROLE**

|  |
| --- |
| **Provide a description of the institution's or site's role in the research and what study activities they will be performing.**  *Will agents of the institution be involved in study design, carrying out research procedures/interventions, recruiting prospective participants, consenting prospective participants, analyzing data and or specimens, etc?*  Click or tap here to enter text. |
| **What research activities will be conducted by investigators at or from the relying institution?**  Data analysis  Recruitment  Data Collection  Obtaining informed consent  Project design or implementation  Other, please describe: Click or tap here to enter text. |

**SITE CONTEXT**

|  |
| --- |
| **Describe any local laws, regulations, community consideration, or other context NU needs to consider when reviewing this study.**  Click or tap here to enter text. |
| **Describe how communication will occur between the NU study team and the site study team for discussion of study conduct, unexpected problems, modifications, and interim results:**  Click or tap here to enter text. |

**INVESTIGATOR ASSURANCE**

**requiredBy submitting this form, you certify that the information provided in this application is complete and correct:**

Signature: Date:

*Principal Investigator / Faculty Advisor*