**NU Relying:   
Reliance Intake Form for Deferring Review  
Submission Date:** Click or tap here to enter text.

**When to use this form:** Complete this form when requesting NU to rely on an external IRB for oversight of a study. Important: Activities conducted by researchers at Northeastern must be non-exempt and meet the definition of engagement in human research, please see our Reliance guidance for further information.

Note:

* This form will be submitted alongside either an Institutional Authorization Agreement (IAA) or a reliance request in [www.smartirb.org](http://www.smartirb.org). See the [SMART IRB FAQ](https://smartirb.org/sites/default/files/faq.pdf).
* Studies not submitted through the SMART IRB system will need provide a copy of the reviewing IRB’s IRB approval and associated documents.
* This form will be submitted with a completed NU Relying: Research Team Form.
* Please complete and send this document along with relevant supporting documents to [IRBReliance@northeastern.edu](mailto:IRBReliance@northeastern.edu)

**PROTOCOL INFORMATION**

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| **Principal Investigator at NU:** Click or tap here to enter text. |
| **Protocol Title:** Click or tap here to enter text. |
| **IRB Reliance Number [if available]:** Click or tap here to enter text. |

**FUNDING INFORMATION**

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| **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. |

**REVIEWING IRB INFORMAITON**

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

**IRB REVIEW PROCESS**

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| **What type of reliance agreement will be used?**  Reliance via a submission in [www.smartirb.org](http://www.smartirb.org)  Reliance via SMART IRB LOA (Letter of Acknowledgement)  Reliance via signed Institutional Authorization Agreement (IAA) |
| **What is the status of IRB review?**  **IRB review is pending or review has not started**. The approved study material and approval letters will be submitted to the NU IRB within 30 days of approval. No work will begin until IRB approval is secured. Anticipated date of review or review timeline: Click or tap here to enter text.  **IRB has approved the study**. Please submit a copy of the IRB approval letter and approved study materials with this document. |

**NORTHEASTERN’S ROLE**

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| **Please describe Northeastern’s role in the project:**  Click or tap here to enter text. |
| **In regards to data analysis that will occur at Northeastern, please check all that apply:**  Research data will not be maintained and/or transferred to NU  Research data that will be maintained and/or transferred to NU will be identifiable  Research data that will be maintained and/or transferred to NU will not be identifiable |
| **Do research activities proposed to occur at NU require HIPAA/PHI review?**  Yes No  **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. |

**NU ANCILLARY REVIEWS**

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| **Does the project require any ancillary reviews or agreements at Northeastern?** Including IBC/biological safety, radiation safety, DUA (Data Use Agreement), or MTA (Material Transfer Agreement). No ancillary reviews or agreements are required.  Yes. The following reviews and agreements have been completed: Click or tap here to enter text.  Yes. The following reviews and agreements are pending: Click or tap here to enter text.  Other: 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*

**Human Subjects Research Ethics Training:** You will be requested to attach a NU Relying: Research Team Form listing all NU investigators who will be engaged on the study including their current CITI training completion date.Please see our [Training Page](https://research.northeastern.edu/hsrp/training/) for more information about IRB training requirements.