**University of Vermont Single IRB (sIRB) Request and Consultation Form**

UVM/UVMHN investigators who wish to participate in [a research protocol requiring use of a Single IRB](https://www.uvm.edu/rpo/irb-policies-and-procedures?_gl=1%2A4bmol0%2A_gcl_aw%2AR0NMLjE3MTgzMDc5NzUuQ2owS0NRandzYXF6QmhEZEFSSXNBSzJncW5mSHE3Sk1BWjJaV1MzZHZfVnE0VkVwVzBOVzlOb3pwX2FGX21lTlVUWEtFMnFSS29VTm5ROGFBbjFXRUFMd193Y0I.%2A_gcl_au%2AMTY4NDg1NDI2My4xNzEzMjkyMDgz%2A_ga%2AMTY1MDgyNzkzMi4xNzEzMjkyMDg0%2A_ga_G3S3K4BJ32%2AMTcxODY0MzM0Ny44OS4xLjE3MTg2NDM0OTguNTMuMC43MzcyMDUzNjE.%2A_ga_4JTET9KDVF%2AMTcxODY0MzM0Ny43Ny4xLjE3MTg2NDM0OTguNTMuMC4w&_ga=2.51167017.1472132751.1718627701-1650827932.1713292084#13p0) must submit this form. [The UVM IRB may charge associated IRB fees:](https://www.uvm.edu/rpo/irb-policies-and-procedures?_gl=1%2A4bmol0%2A_gcl_aw%2AR0NMLjE3MTgzMDc5NzUuQ2owS0NRandzYXF6QmhEZEFSSXNBSzJncW5mSHE3Sk1BWjJaV1MzZHZfVnE0VkVwVzBOVzlOb3pwX2FGX21lTlVUWEtFMnFSS29VTm5ROGFBbjFXRUFMd193Y0I.%2A_gcl_au%2AMTY4NDg1NDI2My4xNzEzMjkyMDgz%2A_ga%2AMTY1MDgyNzkzMi4xNzEzMjkyMDg0%2A_ga_G3S3K4BJ32%2AMTcxODY0MzM0Ny44OS4xLjE3MTg2NDM0OTguNTMuMC43MzcyMDUzNjE.%2A_ga_4JTET9KDVF%2AMTcxODY0MzM0Ny43Ny4xLjE3MTg2NDM0OTguNTMuMC4w&_ga=2.51167017.1472132751.1718627701-1650827932.1713292084#14p6) an administrative fee for reliance on an External IRB, as well as IRB Review fees when acting as the IRB of Record. These fees must be incorporated into your award/subaward budget.

An email or Teams consultation with the IRB Reliance Administrator will be scheduled to determine whether it is appropriate for UVM to cede IRB review to an External IRB or to act as the IRB of Record for other institutions. Submission of this form does not constitute the required UVM IRB application (in UVMClick) and does not guarantee reliance will be approved.

Please submit this form via email to: jen.dulin@uvm.edu

Note: if UVM is the Prime Awardee and wishes to act as the lead site and IRB of Record, this form must be submitted at least **6 weeks** prior to the funding proposal deadline.

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| Title of Study |  |
| UVMClick Study ID (or not yet submitted) |  |
| UVM/UVMHN PI name and title |  |
| Contact info for PI or designee (name, email, phone, department) |  |
| Sponsor/funder name (include both Prime [i.e. NIH] and Direct [i.e. institution providing subaward to UVM if applicable]) |  |
| Funding Proposal due date |  |
| Prime Awardee Institution |  |
| Lead Site (if different from Prime Awardee) |  |
| Are you requesting to rely on an External IRB or for collaborating site(s) to rely on UVM as the IRB of Record? |  |
| Please list a few dates/times you are available for a 30-minute consultation with the IRB Reliance Administrator, if necessary |  |

**SECTION 1:**

If requesting to rely on an External IRB, complete Section 1. If not, skip to Section 2.

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| External IRB name |  |
| [Expected or known risk level of overall protocol](https://www.uvm.edu/rpo/irb-policies-and-procedures?_gl=1%2A4bmol0%2A_gcl_aw%2AR0NMLjE3MTgzMDc5NzUuQ2owS0NRandzYXF6QmhEZEFSSXNBSzJncW5mSHE3Sk1BWjJaV1MzZHZfVnE0VkVwVzBOVzlOb3pwX2FGX21lTlVUWEtFMnFSS29VTm5ROGFBbjFXRUFMd193Y0I.%2A_gcl_au%2AMTY4NDg1NDI2My4xNzEzMjkyMDgz%2A_ga%2AMTY1MDgyNzkzMi4xNzEzMjkyMDg0%2A_ga_G3S3K4BJ32%2AMTcxODY0MzM0Ny44OS4xLjE3MTg2NDM0OTguNTMuMC43MzcyMDUzNjE.%2A_ga_4JTET9KDVF%2AMTcxODY0MzM0Ny43Ny4xLjE3MTg2NDM0OTguNTMuMC4w&_ga=2.51167017.1472132751.1718627701-1650827932.1713292084#3p0) (Exempt, minimal risk/Expedited, or greater than minimal risk) |  |
| Describe the research activities that will be conducted at UVM/UVMHN: recruiting, consenting, accessing identifiable data or biospecimens, participant interaction or intervention, performing FDA regulated activity, other |  |
| If you are the Prime Awardee/lead PI and are [requesting to rely on the WCG IRB](https://www.uvm.edu/rpo/wcg-irb), please attach the budget estimate you received. |  |
| Provide any additional information you think would help the UVM IRB determine whether [reliance on the External IRB](https://www.uvm.edu/rpo/irb-policies-and-procedures?_gl=1%2A4bmol0%2A_gcl_aw%2AR0NMLjE3MTgzMDc5NzUuQ2owS0NRandzYXF6QmhEZEFSSXNBSzJncW5mSHE3Sk1BWjJaV1MzZHZfVnE0VkVwVzBOVzlOb3pwX2FGX21lTlVUWEtFMnFSS29VTm5ROGFBbjFXRUFMd193Y0I.%2A_gcl_au%2AMTY4NDg1NDI2My4xNzEzMjkyMDgz%2A_ga%2AMTY1MDgyNzkzMi4xNzEzMjkyMDg0%2A_ga_G3S3K4BJ32%2AMTcxODY0MzM0Ny44OS4xLjE3MTg2NDM0OTguNTMuMC43MzcyMDUzNjE.%2A_ga_4JTET9KDVF%2AMTcxODY0MzM0Ny43Ny4xLjE3MTg2NDM0OTguNTMuMC4w&_ga=2.51167017.1472132751.1718627701-1650827932.1713292084#13p3) is approvable.  |  |

**SECTION 2:**

If requesting UVM to be the IRB of Record, complete Section 2.

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| [Expected or known risk level of overall protocol](https://www.uvm.edu/rpo/irb-policies-and-procedures?_gl=1%2A4bmol0%2A_gcl_aw%2AR0NMLjE3MTgzMDc5NzUuQ2owS0NRandzYXF6QmhEZEFSSXNBSzJncW5mSHE3Sk1BWjJaV1MzZHZfVnE0VkVwVzBOVzlOb3pwX2FGX21lTlVUWEtFMnFSS29VTm5ROGFBbjFXRUFMd193Y0I.%2A_gcl_au%2AMTY4NDg1NDI2My4xNzEzMjkyMDgz%2A_ga%2AMTY1MDgyNzkzMi4xNzEzMjkyMDg0%2A_ga_G3S3K4BJ32%2AMTcxODY0MzM0Ny44OS4xLjE3MTg2NDM0OTguNTMuMC43MzcyMDUzNjE.%2A_ga_4JTET9KDVF%2AMTcxODY0MzM0Ny43Ny4xLjE3MTg2NDM0OTguNTMuMC4w&_ga=2.51167017.1472132751.1718627701-1650827932.1713292084#3p0) (Exempt, minimal risk/Expedited, or greater than minimal risk) |  |
| Number of participating sites outside of UVM/UVMHN |  |
| Name of each participating site and whether they have their own IRB |  |
| Describe the research activities that each site will conduct (list each site individually): recruiting, consenting, accessing identifiable data or biospecimens, participant interaction or intervention, performing FDA regulated activities, other |  |
| How many unique consent forms for each site (main consent, sub-study, pregnant partner, parental permission, assent, etc)? |  |
| Are you requesting inclusion of non-English speaking participants? |  |
| What is the anticipated length of the entire study, from initial approval to study closure (ie until IRB oversight is no longer required)? |  |
| Briefly describe your staffing capacity to coordinate and manage all IRB submissions, document IRB determinations for each site, receive notification of and report reportable events, and communicate with participating sites. (Note: your study team will be responsible for submitting in UVMClick on behalf of each relying site, including continuing reviews and RNIs.) |  |
| Provide any additional information you think would help the UVM IRB determine whether acting as the IRB of Record is approvable.  |  |