At this time, the only requests to rely that will be considered are for NIH-funded protocols. This request is to be submitted through the InfoEd System. The submission must include:

* This completed and signed form
* Human Subjects Protocol
* Key Personnel Roster
* Sponsor Provided Consent Template Document(s)
* [Data Management and Security Plan](https://www.uvm.edu/rpo/human-subjects-research#IRB_Initial) (UVM-specific form)
* Any required reliance agreements

|  |  |
| --- | --- |
| **Is this a new protocol or an existing protocol (competing renewal)?** | |
| New Protocol Existing Protocol with current UVM approval, CHRMS/CHRBSS #: | |
| **List External IRB Name** | **FWA Number** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Does the External IRB Request that UVM Use the SMART IRB System?** | |
| Yes  No | |
| **Is this External IRB a Member of the Clinical Innovations Trial Network?** | |
| Yes  No | |
| **Will this External IRB also act as the HIPAA Privacy Board?** | |
| Yes  No | |
| **Study Title** | |
| Click or tap here to enter text. | |
| **List Funding Source(s)** | |
| Federal Government-specify: Click or tap here to enter text. Other-specify: Click or tap here to enter text. | |
| Identify Prime Awardee  UVMMC/UVM Other-specify: Click or tap here to enter text. | |
| InfoEd Proposal Number: Click or tap here to enter text. | |
| **UVMMC/UVM Principal Investigator** | |
| Name and Degree: Click or tap here to enter text.  Department: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | |
| **Designated Contact Person for UVMMC/UVM research team** | |
| Name: Click or tap here to enter text.  Department: Click or tap here to enter text.  Email Address: Click or tap here to enter text.  Phone Number: Click or tap here to enter text. | |
| Who on your research team will manage matters related to the reliance on an external IRB. (communication with both UVM IRB and external IRB)  Click or tap here to enter text. | |
| **Protocol-Specific Questions** | |
| Identify level of risk as determined by External IRB. Choose an item. | |
| What is the phase of study? Choose an item. | |
| Is the protocol FDA regulated? Yes  No | |
| Does this protocol intend to use legally authorized representatives to obtain subject consent? Yes  No | |
| **Ancillary Reviews** | |
| Prior to beginning any protocol activities under an external IRB, the local PI must ensure institutional approval or review is obtained from all applicable stakeholders. Check all that apply to this protocol: | |
| UVMMC Coverage Analysis and Billing Plan | |
| Radiation Safety Committee | |
| Institutional Biosafety Committee Review | |
| Other Ancillary Committees | |
|  | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Department Chair Date | |