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 **JHSPH IRB RELIANCE REQUEST FORM: NON-HOPKINS EXTERNAL IRB**

*See:* <https://www.jhsph.edu/offices-and-services/institutional-review-board/reliance-agreements-and-single-irb/>.

**JHSPH IRB will not sign a reliance agreement with an external institution’s IRB if:**

* The external institution’s IRB does not have a Federal Wide Assurance (FWA)
* The external institution is outside the United States
* The research meets criteria for Exemption from IRB review (email jhsph.irboffice@jhu.edu)

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| JHSPH PI Name:       | JHSPH IRB No.:       |
| Study Title:       |

**External IRB Site Information [to be completed by JHSPH PI]**

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| **Please describe the research activity and how it involves human subjects (i.e., research use of their personally identifiable private information or identifiable biospecimens.)** |       |
| **Is JHSPH the primary grant recipient?** | YES [ ]  NO [ ]  ***If yes,*** please provide the funder’s name:       and Grant Number (if any):      |
| 1. **Please describe the research activities that the JHSPH study team will conduct. We are trying to assess the level of involvement and control our investigators have over the conduct of this study.**
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| 1. **Name of Proposed External Institution with IRB oversight:**
 |       |
| 1. **Has the external institution’s IRB approved the study?**
 | YES [ ]  NO [ ]  UNDER REVIEW [ ]  |
| 1. **Name of Reviewing Site PI:**
 |       |
| 1. **Name of Reviewing Site Lead Study Contact:**
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| 1. **Reviewing Site PI Phone #:**
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| 1. **Reviewing Site PI Email:**
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| 1. **Reviewing Site Lead Study IRB Contact Phone #:**
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| 1. **Reviewing Site Lead Study IRB Contact Email:**
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| 1. **Active FWA # for external IRB (**See: <https://ohrp.cit.nih.gov/search/fwasearch.aspx?styp=bsc>)
 |       |
| 1. **Will the external IRB serve as the HIPAA Privacy Board for this study?**
 | YES [ ]  NO [ ]  N/A [ ]   |
| **Are all investigators and study team members from JHSPH credentialed and/or appropriately qualified and meet JHSPH’s standards for eligibility to conduct the research as described in the approved protocol?** | YES [ ]  NO [ ]  ***If no,*** please provide details:       |
| **Are all JHSPH investigators and study team members listed on this PHIRST application?** | YES [ ]  NO [ ] ***If no,*** please ensure that each person is registered in PHIRST and selected for participation on the study team for this application.***If yes***, please explain each JHSPH study team member’s role in the research application:       |
| **Have all members of the JHSPH research team completed required ethics, HIPAA, and/or GCP training?** | YES [ ]  NO [ ]  ***If no,*** *please provide details:*       |
| **Did JHSPH determine there is a relevant individual or institutional financial COI for this protocol?** | YES [ ]  NO [ ]  ***If yes****,* provide a summary of the conflict and management plan or attach documentation:       |
| **Has the external IRB supplied a template Reliance Agreement to be signed by JHSPH IRB?** | YES [ ]  NO [ ]  |
| **Please provide a rationale as to why the named external IRB has been selected to serve as the IRB for this study.** |       |
| **Please describe the recruitment plan for participants at the research site where JHSPH investigators will be working.** | N/A [ ] Describe:       |
| **Please describe the process for obtaining informed consent, including identifying the JHSPH study staff, if any, who will obtain informed consent.** | N/A [ ] Describe:       |
| **Please describe the data security plan for data from participants for which JHSPH investigators are responsible.** | N/A [ ] Describe:       |
| **Please describe the data and/or biospecimen sharing plan, including proposals about future use of data/specimens collected from participants for which JHSPH investigators are responsible.** | N/A [ ] Describe:       |