**IRB Reliance Agreement Determination Form**

Investigators should use this form to determine whether an IRB Authorization Agreement (IAA/Reliance Agreement) can be signed between SLU and an external IRB, which allows one IRB to rely on another for IRB review/oversight. Common scenarios include PI’s with dual affiliations, collaborative research studies, or those with sponsors who require use of a single IRB. See [SLU Guidelines for Studies Involving Non-SLU Researchers or Non-SLU Sites](https://www.slu.edu/research/faculty-resources/research-integrity-safety/institutional-review-board-irb/irb_assets/guidelines_non-slu_institutions.doc). Do not complete this form for reliance on central IRB partners or the SLU-Washington University umbrella agreement.

1. **SLU Contact Information**

|  |  |  |
| --- | --- | --- |
| SLU PI Name: | Phone/Pager: | |
| Department: | E-mail: | |
| Contact Person: | E-mail: | Phone: |

1. **Non-SLU Collaborator/IRB Information**

|  |  |  |
| --- | --- | --- |
| Non-SLU PI Name: | Institution Name: | |
| Phone/Pager: | E-mail: | Phone: |
| Contact Person: | E-mail: | Phone: |
| IRB Contact Person: | E-mail: | Phone: |

*(If collaborators from more than one Non-SLU institution will be involved, copy and paste this box below to provide information.)*

1. **Study Information**

|  |  |
| --- | --- |
| Project Title: | |
| Funding Agency: | Award Number: |
| Is SLU the primary recipient of the award (as opposed to getting a subcontract)? Yes  No | |
| Does the Funding Agency/Sponsor require use of a single IRB for the project? Yes  No | |
| Will this activity take place at an SSM Health facility? Yes  No | |

**4. Indicate what the SLU agent(s) will be doing**:

|  |  |
| --- | --- |
| **Activity** | **Location** (where will activities take place) |
| Obtain consent |  |
| Access/Analyze identifiable information |  |
| Analyze non-identifiable information |  |
| Administer Study Procedures (collect data, samples, interact/intervene with participants) |  |
| Other: |  |

**5.** **Indicate what the non-SLU collaborators will be doing**:

|  |  |
| --- | --- |
| **Activity** | **Location** (where will activities take place) |
| Obtain consent |  |
| Access/Analyze identifiable information |  |
| Analyze non-identifiable information |  |
| Administer Study Procedures (collect data, samples, interact/intervene with participants) |  |
| Other |  |

*(If collaborators from more than one Non-SLU institution will be involved, copy and paste this box below to describe activities.)*

**6. Who is to provide IRB review/serve as the “IRB of Record”?**

SLU (Provide IRB # if available):

Non-SLU IRB (Provide IRB Name):

Non-SLU Institution FWA #:

Non-SLU Institution IRB #:

Has the Non-SLU IRB Agreed to Serve as IRB of Record?  Yes  No  Request Pending

*(Submit IRB approval letter and approved Application with this completed form if available.)*

**7. Summary of Study (Not required to complete if a SLU IRB # is referenced above):**

Provide a brief description of the study (e.g., research aims, procedures, data source, subject population, location, and any other basic information). Alternatively, you may attach a copy of the IRB application or grant if available.

|  |
| --- |
|  |

**How to Submit:** Completed forms can be sent to [irb@slu.edu](mailto:irb@slu.edu) or attached to the SLU IRB Application if requesting SLU to be the IRB of record. The IRB Office will review the request and contact you with the determination. Processing time largely depends on the complexity of the scenario. Contact the IRB at [irb@slu.edu](mailto:irb@slu.edu) or 977-7741 if you have any questions.