**REQUEST TO RELY ON EXTERNAL IRB FORM**

# Instructions: Complete this form if your research is under the scope of the Cooperative Agreement for the Protection of Human Subjects in Research and Reciprocal Institutional Review Board (IRB) Authorization between UTRGV and DHR.

# The pertinent IRB office will review the request and, if approved, will provide the other institution with a Permission to Rely letter to document approval under the Cooperative Agreement.

# Protocol Title:

# Request Date:

# Funding Support:

# \_\_\_ N/A, this project is unfunded

# \_\_\_ Grant. Please describe:

# \_\_\_ Contract. Please indicate who is the Sponsor:

# \_\_\_ Other. Please describe:

# Does this research receive any non-financial support (e.g. federal agency personnel assisting with the research? \_\_\_ Yes \_\_\_ No

# If Yes, please provide the agency name and summary description of the support:

# Please check which IRB you want to rely on:

# \_\_\_ DHR \_\_\_ UTRGV

# Name of Overall Principal Investigator (OPI):

# Main Affiliation of the OPI: \_\_\_ DHR \_\_\_UTRGV

# Email address:

# Contact phone number:

# Name of all Research Personnel including Site Investigators (add as many lines as needed)

|  |  |  |
| --- | --- | --- |
| Name | Study Role | Employer or Affiliation |
|  |  |  |
|  |  |  |

# Locations where the research will take place:

# Briefly describe the research activities that the PI and the Research Personnel will be involved with (e.g., recruitment, consent, implementing study, data analysis, etc.):

# Provide a summary of the proposed research:

# Provide any other information you think might be relevant to this request: