



RTRN IRB AUTHORIZATION AGREEMENT (IAA) REQUEST FOR RELIANCE

I. Lead Principal Investigator at the Reviewing Institution			
Project Title			
Reviewing IRB #			
Reviewing IRB Site			
Lead PI		Degree	
E-mail		Phone	
Contact Person		Association to Study	
E-mail		Phone	
Funding Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Funding	
Name of Sponsor		Are you the PI of the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Management plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide general description of the study.			

II. Relying Principal Investigator at the Relying Institution			
Relying IRB Site			
Relying PI		Degree	
Address		Title	
E-mail		Phone	
Contact Person		Association to Study	
E-mail		Phone	
Subcontract	<input type="checkbox"/> Yes <input type="checkbox"/> No	Executed?	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
Financial Interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Management plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summarize human participant research activities by the Relying PI at the relying site.			
Recruitment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe how, when, where, and by whom will potential participants be approached?	
Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated # of participants: Describe target population: How is informed consent obtained?	

Signature of Lead Principal Investigator

Date

Signature of Relying Principal Investigator

Date