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| The purpose of this form is to request that Virginia Tech rely on an external IRB. This form must be completed by the research team and submitted to irb@vt.edu along with the supporting documents listed below. If necessary, you can manually expand the table to fit your needs.  |
| Virginia Tech Principal Investigator (PI)I Name: |
| Name of External Institution: |       |
| Is the External Institution a member of SMART IRB? |       |
| External HRPP/IRB or SMART IRB point of contact for the agreement process: (Name, Email, and Phone Number)**:** |       |
| External IRB study title and IRB number: |       |
| External PI name and email address**:** |       |
| Type of review completed by the External IRB: (Expedited or Full Board) [Exempt level reviews are not eligible for a reliance agreement. You must submit a protocol to the Virginia Tech HRPP office for review.] |       |
| Provide information for the reason the study should be reviewed by the External IRB (For example, Per the NIH Single IRB mandate, Federal funding requirement)**:** |       |
| Identify all Virginia Tech investigators that will be involved on this project and their role (PI, Co-I, Study Personnel):Changes to study personnel must be submitted to the HRPP office prior to initiating research activities. Please refer to Attachment A.  |  |
| Statement of Work for the Virginia Tech investigator(s) (please be sure this information indicates if Virginia Tech investigators will be involved with in-person activities or interactions): |       |
| **Supporting documents that need to be provided**  |
|[ ]  Provide a copy of the External IRB approval letter. |
|[ ]  Provide a copy of the research protocol (HRPP/IRB application) approved by the External IRB. |
|[ ]  Provide copies of all supporting documents that Virginia Tech investigators will use (recruitment, consent, data collection instruments, etc.) as submitted to or approved by the External IRB. |
|[ ]  Provide copies of documents related to the agreement with the External IRB (IAA template and/or any additional checklists, worksheets, or forms). |
| **Investigator Acknowledgement** |
| By signing below, the signatory affirms that they attest to the accuracy and completeness of the information provided herein. |
| Virginia Tech Investigator signature | Date |
|       |  |

**Attachment A: Changes to Study Personnel**

After you update the changes you are making to your list of study personnel, please email a copy of this document to irb@vt.edu.

\*Insert additional rows as needed.

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| Name | Role | Date Added | Date Removed |
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