**IRB Authorization Agreement Request – U-M Ceding Oversight to an External IRB**

\*\* Complete this form only for projects that require IRB review. U-M does not enter into agreements for Exempt research. Submit an eResearch application for exemption instead.

**U-M Study Information (To be completed by U-M study team)**

|  |  |
| --- | --- |
| 1. HUM |  |
| 1. Study Title |  |
| 1. U-M PI/Title |  |
| 1. Status (Faculty/Staff/Student) |  |
| 1. Faculty Advisor (if student) |  |
| 1. U-M Department |  |
| 1. Funding Source(s) |  |
| a. External Federal (Direct and Prime/PAF#) |  |
| b. External Other (Direct and Prime/PAF#) |  |
| c. Internal |  |
| d. None |  |
| 9. Project summary (Briefly describe the overall project and U-M's role in the research.) |  |
| 10. U-M's specific “engaged” research activities of researchers at relying institution (enter “yes” for all that apply) |  |
| 1. Recruiting subjects |  |
| 1. Obtaining informed consent |  |
| 1. Interacting with subjects (surveys, interviews, etc.) |  |
| 1. Intervening with subjects (performing invasive or non-invasive procedures, providing educational intervention, etc.) |  |
| e. Other |  |
| 11. Are the IRB-approved protocol and approval notice uploaded into eResearch? Yes/No |  |
|  |  |
|  |  |

**Reviewing Institution Information (To be completed by the IRB Point of Contact at the Reviewing Institution)**

|  |  |
| --- | --- |
| 1. Institution Name |  |
| 2. FWA # |  |
| a. Has your institution's FWA been extended to non-federally funded research? Yes/No |  |
| 3. SMART IRB institution? Yes/No |  |
| 4. AAHRPP accredited? |  |
| 6. Institutional Official (name/title/email/phone) |  |
| 7. Reviewing IRB Name (if multiple IRBs at institution) |  |
| 8. IRB point of contact for reliance agreements (name/title/email/phone) |  |
| 9. Lead Investigator at reviewing Institution (name/title/email/phone) |  |
| 10. Protocol Number and title at relying institution, if applicable. |  |