

ONGOING EMORY-APPROVED STUDY RELIANCE REQUEST FORM

Ongoing Emory IRB-Approved Study with Non-Emory Collaborators

Instructions: Fill out and upload this document as part of your eIRB amendment to add the non-Emory collaborators. **If you are asking Emory to serve as the Reviewing IRB, you must fill out a separate form for each engaged site.** Fill out each form with Emory's role and the respective relying site's role. If you have any questions, please reach out to your assigned IRB analyst.

NOTE: PLEASE DO NOT COMMUNICATE TO ANOTHER INSTITUTION THAT EMORY IRB IS WILLING TO SERVE AS THEIR REVIEWING IRB UNTIL YOU HAVE SUBMITTED THIS FORM AND RECEIVED CONFIRMATION BACK FROM EMORY IRB THAT THEY ARE WILLING OR ABLE.

1. ***Study Title:**

With (Short Title in Parentheses)

2. **Emory:**

Emory IRB Number:
Person Filling Out This Form:
Phone Number:
Email:

3. **Non-Emory:**

Institution/Affiliation:
Does this institution (if any) routinely conduct human subjects research? <input type="checkbox"/> Yes <input type="checkbox"/> No
Collaborator Name(s):
Collaborator Main Contact (who should we get in touch with?):
Email:
Phone Number:

***CHECK HERE IF COLLABORATORS' AFFILIATION DOES NOT HAVE AN IRB/HRPP.
Then skip to next page.***

4. **Relying Institution's IRB:**

IRB Name/Affiliation:
Point of Contact Name:
POC Email:
POC Phone Number:

5. ***Is the other institution AAHRPP-accredited?**

