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| --- | --- |
| **Study Title:** | Click or tap here to enter text. |
| **Relying Institution:** | Click or tap here to enter text. |
| **Relying Institution PI:** | Click or tap here to enter text. |

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| **Study Team** | **Yes** | **No** | **N/A** | **Additional Comments** |
| The PI and other research personnel involved in this project are appropriately qualified and meet your institution’s standards for eligibility to conduct research. |  |  |  | Click or tap here to enter text. |
| All investigators listed as personnel have completed appropriate human subjects research training as required by institutional policies. |  |  |  | Click or tap here to enter text. |
| If NIH-funded clinical trial, all investigators and clinical trial site staff responsible for the conduct, management, and oversight of the trial have completed appropriate Good Clinical Practices training. |  |  |  | Click or tap here to enter text. |
| Does the PI or any member of the study team have a (potential) financial conflict of interest which could affect or be affected by this research?  No.  Yes. These conflicts have been disclosed and a Management Plan implemented in accordance with local institutional policy. *Please provide a summary of the conflict and a copy of the management plan requirements (or summary of the management plan requirements).* | | | | Click or tap here to enter text. |
| **Ancillary Reviews** | **Yes** | | **N/A** | **Additional Comments** |
| All required ancillary reviews have been completed or will be completed prior to conduct of the research. |  | |  | Click or tap here to enter text. |
| **Informed Consent: Relying-Site Inclusions (as required by state law and the nature of the protocol)** | **Yes** | **No** | **N/A** | **Language for Inclusion**  Or additional comments regarding local requirements |
| Alcohol/drug testing and information retention |  |  |  | Click or tap here to enter text. |
| Child abuse reporting requirements |  |  |  | Click or tap here to enter text. |
| Communicable disease testing |  |  |  | Click or tap here to enter text. |
| Commercial product development, or controlled technologies |  |  |  | Click or tap here to enter text. |
| Confidentiality |  |  |  | Click or tap here to enter text. |
| Conflict of Interest disclosure |  |  |  | Click or tap here to enter text. |
| Contact information: local PI, institutional office, etc. |  |  |  | Click or tap here to enter text. |
| Genetic testing |  |  |  | Click or tap here to enter text. |
| Pregnancy: contraception, testing, return of results |  |  |  | Click or tap here to enter text. |
| Specimen banking |  |  |  | Click or tap here to enter text. |
| Subject injury/compensation language |  |  |  | Click or tap here to enter text. |
| Other state or local laws or institutional requirements |  |  |  | Click or tap here to enter text. |
| **HIPAA Authorization: Relying-Site Inclusion** | **Yes** | **No** | **N/A** | **Language for Inclusion**  Or additional comments regarding local requirements |
| Institutional policies, state or local laws, or other requirements mandate specific HIPAA authorization language |  |  |  | Click or tap here to enter text. |
| Waiver of HIPAA authorization for recruitment is required to identify subjects from medical records. |  |  |  | If yes, please comment if Reviewing IRB may grant the waiver: Click or tap here to enter text.**.** |
| Which institution will serve as privacy board? |  |  |  |  |
| **Additional Considerations** | **Yes** | **No** | **N/A** | **Describe** |
| Other specific requirements of state or local laws, regulations, policies, standards (social or cultural), or other factors applicable to the research that would affect the conduct of the research at your institution. |  |  |  | Click or tap here to enter text. |

**Relying Site HRPP Contact Name:** Click or tap here to enter text.

**Relying Site HRPP Signature: Date:**Click or tap to enter a date.