**REQUEST FOR BCH IRB TO SERVE AS SINGLE IRB (sIRB)**

***Instructions: This form is required for all NEW requests for the BCH IRB to serve as the sIRB foe external institutions. Email completed form and/or questions to*** ***Jessica.ripton@childrens.harvard.edu******.***

**Section 1: Basic Information**

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| --- | --- |
| Title: |       |
| CHeRP IRB Number (if available): |       |
| Timing of sIRB request: | [ ]  At time of grant/proposal submission. [ ]  At time of initial new research application submission  to the BCH IRB. [ ]  For a study already approved by the BCH IRB which is now seeking to add relying sites.  |

**Section 2: BCH Site/Relying Sites Information**

|  |  |
| --- | --- |
| BCH PI:  |       |
| Number of Sites: |       |
| Relying Sites: |       |  |
| Name and FWA  | FWA | Site PI |
|  |  |  |
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|  |  |  |
| Will all sites perform the same study procedures:  | Yes  [ ]  No [ ]      |
| If no, explain: |       |
| Please indicate if the study will have any of the following:  | [ ]  Data Coordination Center – Name of Site:       [ ]  Clincial Coordinating Center – Name of Site:       [ ]  Safety Monitor[ ]  Data Safety Monitoring Board  |

**Section 3: Funding**

|  |  |
| --- | --- |
| List all funding sources: |       |
| Is BCH the prime? | Yes  [ ]  No [ ]      |
| Is sIRB a requirement of the funder? | Yes  [ ]  No [ ]      |
| Note how many relying sites will be funded (sub-agreement): |       |

**Section 4: Study Information (***skip this section if CHeRP protocol # provided in Section 1)*

|  |  |
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| Provide a brief description of the study: |       |
| Research Type:Select all that apply | [ ]  Intervention/Interaction [ ]  Repository/Registry [ ]  Involves Only Existing Data/Specimens [ ]  Obervational  |
| Will the study involve: | [ ]  Investigation New Drug (IND) [ ]  Investigational Device Exemption (IDE) [ ]  Gene Therapy |
| If study involves IND/IDE, will the BCH investigator be the sponsor -investigator?  | Yes  [ ]  No [ ]      |