**REQUEST FOR PHS IRB TO BE THE CENTRAL IRB (cIRB)**

**I. PERSON COMPLETING THIS FORM:**

|  |
| --- |
| Name:       |
| Email address:       |
| Telephone number:       |

**II. REQUEST IS FOR (check one):**

|  |
| --- |
| [ ]  Single Study - complete section II.A. |
| **[ ]**  Network/Consortium with multiple studies – complete section II.B. |

**II. A. SINGLE STUDY**

|  |
| --- |
| Title of the study:       |
| Overall PI:       | Institution:       |
| Co-Investigators / Institutions:       |
| Brief description including type of research:       |
| Number of sites involved:       |
| List site names:       |
| Describe what will be done at each site:       |
| Is there a clinical coordinating center (CCC)?:  | NO: [ ]  | YES: [ ]  | If yes, state where:       |
| Is there a data coordinating center (DCC)?:  | NO: [ ]  | YES: [ ]  | If yes, state where:       |
| Are there SOPS re: coordination/communication between and among sites?       |

**II. B. NETWORK/CONSORTIUM:**

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| Name of the network/consortium:       |
| Overall PI:       | Institution:       |
| Co-Investigators / Institutions:       |
| Brief description of the network/consortium:       |
| What type of research?       |
| How many studies planned over how many years?       |
| Number of sites involved:       |
| List the site names:       |
| Describe what will be done at each site:       |
| Will additional sites be added in the future? | NO: [ ]  | YES: [ ]  | If yes: |
| Will the additional sites become equal members of the network?  | NO: [ ]  | YES: [ ]  |
| Will the additional sites be added on a protocol-by-protocol basis?  | NO: [ ]  | YES: [ ]  |
| Is there a clinical coordinating center (CCC)?  | NO: [ ]  | YES: [ ]  | If yes, state where:       |
| Is there a data coordinating center (DCC)?  | NO: [ ]  | YES: [ ]  | If yes, state where:       |
| Are there SOPS re: coordination/communication between and among sites?       |

**III. FUNDING:**

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| List all funding source/s:       |
| Note how sites will be funded (sub-contract with prime, other?):       |

**IV. USE OF THE cIRB IS (check one):**

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| [ ]  Mandatory (if so, state by whom)       |
| [ ]  Voluntary (sites can opt to use their local IRB or the cIRB) |

**V. RESOURCES:**

|  |  |  |
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| Is there a cIRB-CCC liaison position funded? | NO: [ ]  | YES: [ ]  |
| If yes, state how the cost of creating a cIRB will be covered:       |

RETURN COMPLETED FORM TO MARIA SUNDQUIST AT: msundquist@partners.org