**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:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:**

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

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

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

**V. RESOURCES:**

|  |  |  |
| --- | --- | --- |
| 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