**REQUEST TO CEDE REVIEW TO AN EXTERNAL IRB**

***Instructions:***North Memorial Health investigators requesting to cede review to an external IRB must complete this form and submit it to the North Memorial Health (NMH) Research Office. Email the form, documentation of current human subjects training for all NMH study team members who will be engaged in the research, and all study documents (including the initial IRB approval letter, the protocol, the informed consent template (if applicable), recruitment materials, and surveys/questionnaires) to Research.Office@northmemorial.com.

NOTE: If the proposed reviewing IRB (e.g. Advarra’s IRB) has already approved the overall study, provide the IRB-approved study documents (protocol and informed consent document).

The NMH Research Office will review your request to rely on an external IRB and contact you with a determination and guidance on next steps.

**Section A: North Memorial Health Investigator Information**

|  |  |
| --- | --- |
| Name of North Memorial Health Principal Investigator |  |
| Email address of North Memorial Health PI  |  |
| Phone number of North Memorial Health PI  |  |
| List any additional NMH contact persons (e.g. study coordinator), including their name and contact information  |  |

**Section B: North Memorial Health Study Team Information**

List all North Memorial Health employees who will be engaged in this research. It is the NMH PI’s responsibility to ensure that each study team member has current human subjects protections training and has completed a COI disclosure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Study team member name** | **Role in the research** | **Current human subjects training? Y/N** | **Conflict of interest related to this research? Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Select all research activities in which North Memorial Health employees will be engaged:

[ ]  Subject recruitment

[ ]   Consenting and conducting all study-related procedures

[ ]   Analysis of identifiable data/specimens only

[ ]   Other: *Click or tap here to enter text.*

**Section C: Funding Information**

[ ]  This research is funded. If so, please indicate the funding type below (federal, industry, non-profit) and provide the name of the sponsor.

|  |
| --- |
|  |

[ ]  This research is not funded.

**Section D: Reviewing IRB Information**

|  |  |
| --- | --- |
| Name of the proposed reviewing IRB |  |

**Signature of North Memorial Health PI:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date