**IRB Reliance Agreement**

**Request for Chamberlain University IRB to Serve as the *Relying* IRB**

Name of Institution or Organization Providing IRB Review (Reviewing IRB, or “Institution A”): Please Provide

Reviewing IRB’s IRB Registration #: Please Provide

Name of Institution Relying on the Designated IRB(Relying IRB, or “Institution B”):

**Chamberlain University**

Relying IRB’s IRB Registration number and Federal Wide Assurance number (if any): **IRB00011037/ IORG0008174** and Federal wide Assurance (FWA) #**FWA00021986**

The Officials signing below agree that Institution B may rely on the designated IRB for review and continuing oversight of its human subject research described below:

This agreement is limited to the following specific protocol(s):

Name of Research Project:

Name of Principal Investigator:

Chamberlain University IRB Study Number:

Name of Study Lead/ Contact at Institution B:

Sponsor or Funding Agency:

Award Number, if any:

**The Reviewing Institution’s IRB agrees to the following in regard to the above listed research protocol or activities**:

1. Provide initial and continuing review in accordance with 45 CFR 46 and its FWA.
2. Arrange for prompt reporting to the Relying Institution’s IRB of any of the following study-related matters, as defined and determined by the Reviewing Institution’s IRB:
	1. Any unanticipated events or problems involving risks to subjects or others.
	2. Any serious or continuing non-compliance.
	3. Any suspension or termination of IRB approval.
	4. Continuing review or study amendment approvals.
	5. Any study-related official IRB actions.
3. Comply with all applicable Federal, State, and Local laws and regulations relative to the protection of human subjects research protections.
4. Copy the Relying Institution’s IRB on all correspondence to regulatory agencies if reporting of an event is required.

**The Relying Institution remains responsible for the following**:

1. Ensuring research activities at its site are in compliance with the IRB’s determinations and with the terms of its Office for Human Research Protections (OHRP)-approved Assurance.
2. Adhering to its institutional conflict of interest policies and procedures and providing the Reviewing Institution with any applicable COI management plan related to the study.
3. Ensuring principal investigators and other research personnel involved in the research are appropriately qualified and meet its institutional standards for eligibility to conduct research, including, but is not limited to, having the required professional staff appointments, credentialing, insurance coverage, and background checks for their assigned role in the research and training in the protection of human subjects.
4. Maintaining, implementing or have access to a human subjects research post approval monitoring (PAM) process, function, program or service not directly involved with the research that can conduct and report the results of for-cause and not-for-cause audits of the research study listed above to ensure compliance with human subject’s protections regulations and other relevant requirements. The PAM process, function, program or service must monitor the conduct of research under this Agreement and ensure any relevant findings are reported to the Reviewing Institution.

This document must be kept on file at both institutions and provided to OHRP upon request. This agreement will become effective upon the date of the last signature by the institutional officials below and will remain in effect until such time that either institution provides 30 days written notice of termination to the other institution, or until the date of study closure as officially recorded by the Reviewing IRB, whichever occurs first. The Relying Institution’s IRB is not bound to approve any further study-related activities upon termination of the reliance agreement.

Signature of Designated IRB Official (Institution A):

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Print Full Name: Please Provide

Institutional Title: Please Provide

Signature of Designated IRB Official (Institution B):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_­­\_\_\_\_\_\_

Print Full Name: Chad O’Lynn, PhD, RN, CNE, ANEF

Institutional Title: Chair, Chamberlain University IRB

**Appendix A**

Please provide the contact information for the individual at Institution A and Institution B who should be copied on all correspondence regarding the study.

Institution A:Please Provide

Name: Please Provide

Institutional Title: Please Provide

Address: Please Provide

Email: Please Provide

Phone Number: Please Provide

Institution B: **Chamberlain University**

Name: **Chad O’Lynn**

Institutional Title: **Chair, Chamberlain University IRB**

Address: **National Management Offices**

 **500 W. Monroe St., Suite 1300**

 **Chicago, IL 60661**

Email: **colynn@chamberlain.edu**

Phone Number: **503-319-7277**