**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***](mailto:Jessica.ripton@childrens.harvard.edu)***.***

**Section 1: Basic Information**

|  |  |
| --- | --- |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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)*

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