|  |  |
| --- | --- |
| 1. Title of study:
 |  |
| 1. UCSF PI name:
 |  |
| 1. Prime awardee institution:
 |  |
| 1. Who is the sponsor? (i.e. Is it the NIH?)
 |  |
| 1. Do you already have IRB approval?
 |  |
| 1. If yes, what is the IRB #?
 |  |
| 1. Grant submission deadline:
 |  |
| 1. Risk level: Is it minimal or greater than minimal risk?
 |  |
| 1. Number of sites:
 |  |
| 1. Name of each outside site:
 |  |
| 1. Name of the institution are you requesting to serve as the Reviewing IRB:
 |  |
| 1. Are all relying sites engaged in human subjects research? (Please see our guidance here: <http://irb.ucsf.edu/research-needing-irb-review> and <https://irb.ucsf.edu/working-other-institutions#engaged> )
 |  |
| 1. Is each site conducting the exact same protocol and study procedures? If applicable, outline differences.
 |  |
| 1. Number of unique consent forms (i.e. main consent, parental permission, assent, control group consent, etc):
 |  |
| 1. Briefly describe your staffing capacity to coordinate and manage all IRB submissions, document reviews, event reporting and communication between sites:
 |  |
| 1. Please list some dates/times when you are free for a 30 minute consultation with the IRB.
 |  |

**\*\*After completing this form, please send it to SingleIRB@ucsf.edu\*\***