**Request for OSDH IRB Reliance Agreement or Excusal**

* IRB USE ONLY: **Pre-review Date App. Type**:  Board  Exempt  Expedited

OKLAHOMA STATE DEPARTMENT OF HEALTH

INSTITUTIONAL REVIEW BOARD

*Instructions: This form is to be used by external researchers only who are requesting a reliance agreement for collaborative research or excusal from OSDH IRB oversight.*

*Reliance agreements apply to studies which previously required approval from multiple IRBs. A reliance agreement designates an IRB of record and a deferring IRB. If requesting a reliance agreement, please provide your institution’s point of contact for reliance agreements.*

*OSDH excusal refers to projects which are human subjects research but the nature of OSDH’s involvement does not constitute participation in research activities and as such the project is not subject to oversight by the* ***OSDH*** *IRB. IRB approval from the PI’s home institution may still be required. Proof of the home institution’s IRB approval may be required before the release of requested data or biospecimens.*

### RESEARCH PROPOSAL

### Study Title

Principal Investigator (include degree)

Title

Home Institution: Department:

Address City       State       Zip

Phone  Email

Co-PI (include degree)

Title

Home Institution:       Department

Address City       State       Zip

Phone  Email

Point of Contact for Reliance Agreements for the PI’s Home Institution:

Name:

Email:       Phone number:

OSDH program and personnel contacts

|  |
| --- |
|  |

Study Sites (list all applicable sites and specify OSDH-related sites)

|  |
| --- |
|  |

A detailed description of nature of OSDH’s involvement in the project.

|  |
| --- |
|  |

*Is IRB approval required at other outside sites?*  *Yes*  *No If yes, specify IRB*

*If so, has it been obtained?*  *Yes*  *No If yes, please attach copy of approval.*

*If no, please submit IRB approval when obtained.*

1. CERTIFICATION/SIGNATURE

**I certify that the information contained herein (application, research protocol, and consent form, if required) is true and correct, and that I have received approval to conduct this research project from all persons named as collaborating investigators and from officials of the project sites. All investigators will comply with IRB policies and procedures and all federal regulations.**

**Signature of Principal Investigator Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Co-Principal Investigator Date**