

Reliance Intake Form for Cooperative Research

1. Principal Investigator name
2. Principal Investigator email address
3. Study Coordinator/ Contact name
4. Study Coordinator/Contact email address
5. Study Title
6. Funding agency
7. List of sites involved
8. Please attach a research strategy, protocol or grant application that describes the study for which reliance on a Single IRB is requested.
9. If human subjects activities conducted by UGA investigators differ from the overall project or from other sites, please attach a detailed scope of work description for UGA.
10. If an informed consent document is available, please attach it for review.
11. Are you requesting that UGA serve as the lead IRB (sIRB) of multi-site study?
If no to question 11:
 12. Are you requesting that UGA rely on an External IRB?

Please email the completed form with requested attachments to irb@uga.edu. The IRB Reliance and Cooperative Research Specialist will review the information provided and contact the Investigator. Please contact IRB at irb@uga.edu or 706.542.3199 with questions.