APPENDIX Q

# Collaborative research Ceding to an External IRB

**DU IRB may cede to an external IRB if one of the following criteria is met**:

* Meets a sponsor requirement
* The external entity is the award recipient
* The Principal Investigator is not affiliated with DU (i.e., is affiliated with the external entity)
* The external investigator(s) is assuming more of the responsibilities/risk of the research

**Ceding will NOT be approved by DU if any of the following criteria are met**:

* The research is a collaboration with an international entity (each IRB must review)
* The external IRB/entity has not agreed to serve as the IRB of record (each IRB must review)
* The research project has been determined or qualifies for exempt level review (each IRB must review)
* The DU investigator is not ‘engaged’ in the research (e.g., recruitment that involves talking with potential participants about the study, obtaining consent/assent, interaction with participants during their participation, access to or use of identifiable data, etc.)

**INSTRUCTIONS**:

* Provide the following documents if requesting **DU to cede to an external IRB** to serve as the IRB of Record for a collaborative project:
* IRB Authorization Agreement (IAA) or ceding/reliance agreement from external entity
* IRB Approval Letter from external IRB for collaborative project
* A copy of the study protocol
* A copy of the informed consent
* Evidence of human subjects’ protection training for all DU investigators
* Submit this form (Appendix Q), along with the other required documents, to: [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu)

## Section A: Investigator information

A.1 **DU Investigator:** Click here to enter text. Credentials: Click here to enter text.

##### 

DU Dept./College: Click here to enter text.

##### 

DU Investigator email: Click here to enter text.

Title of this collaborative project: Click here to enter text.

A.2 **External non-DU investigator**: Click here to enter text. Credentials: Click here to enter text.

Non-DU investigator Institution: Click here to enter text.

Non-DU Investigator email: Click here to enter text.

Name of external IRB: Click here to enter text.

External Federalwide Assurance (FWA) #: Click here to enter text.

External IRB Registration #: Click here to enter text.

External IRB Administrator Contact: Click here to enter text.

Email of external IRB Contact (if different than Administrator Contact): Click here to enter text.

A.3 **Financial Conflict of Interest**. Does any member of the DU team have ownership of other Significant Financial Interest (SRI) with this research as defined by HRPP Policy 301?

No

Yes If yes, has the Office of Research Integrity made a determination regarding this SFI as it pertains to this proposed research?

Yes

No If no, contact the Office of Research Integrity (303-871-2121) or through [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu) to establish a management plan

A.4 **Performance Sites:** Click here to enter text.

## Section B: IRB Reliance Information

B.1 Why are you seeking to rely on another IRB? Check all that apply.

In order to comply with the NIH single IRB (sIRB) policy

In order to meet another, non-NIH, sponsor’s requirement

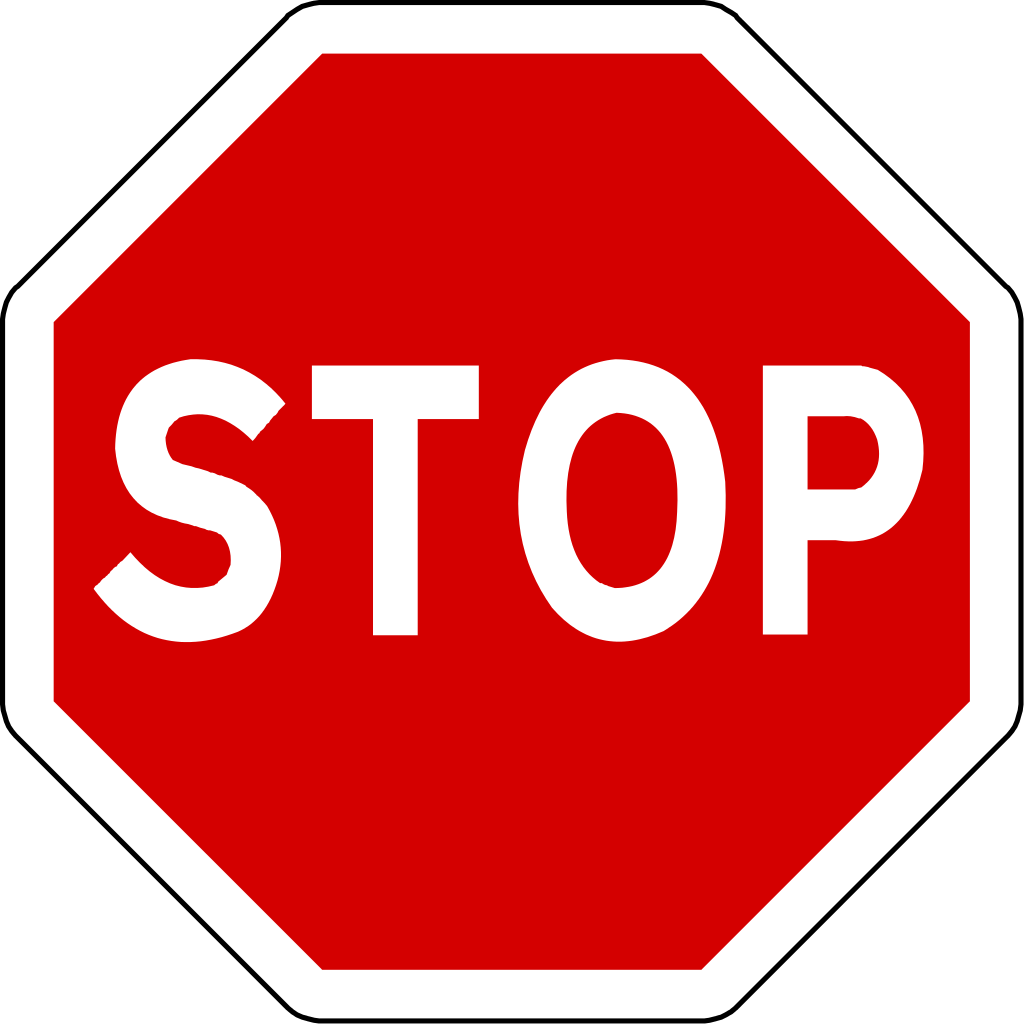
It is required by another institution engaged in the research

Another institution is conducting most of the research

Other: Click here to enter text.

If you have checked any boxes above, has the external IRB already agreed that it can conduct review on behalf of DU?

Yes  No

*If you do not have confirmation that the external IRB will review on behalf of DU, do not submit this application. If the external IRB cannot review on behalf of DU, you will need to complete an application through IRBNet for review by the DU IRB.*

B.2 Is this study related to an existing application and/or study or series of studies reviewed by either the DU IRB or an external IRB?

*For example, a new sub-study for a study currently reviewed by an external IRB or a study currently under review by the DU IRB that you are requesting be transferred to an external IRB. If you are requesting a transfer from one IRB to another contact the DU IRB Office before submitting this form.*

No

Yes If yes, briefly describe the relationship of those studies to this one and list the DU study PI and IRBNet number. Click here to enter text.

## Section C: Funding

C.1. Study sponsor name: Click here to enter text.

*(if none, put “n/a”)*

C.2 Sponsor protocol number or grant number: Click here to enter text.

*(if none, put “n/a”)*

C.3 Name of awardee on the funding source.

Click here to enter text.

C.4 Institution that is receiving the funds:

Click here to enter text.

C.5 Will DU be a sub-recipient of the grant or funding source?

Yes  No

If yes, list the DU Sponsored Programs Administrator assigned to this project:

Click here to enter text.

C.6 Does this study involve more than one organization or institution, meaning that more than one organization or institution is engaged in the research?

Yes  No

*The DU IRB can only provide authorization for the external IRB to review on behalf of DU. If other organizations are involved in the research, those organizations must also authorize any external IRB to conduct review on their behalf.*

## Section D: Study Activities Conducted by DU Research Team

D. 1 Which of the following activities will be conducted by the **DU investigator(s)**? Check all that apply:

Obtain consent and/or assent

Perform research procedures

Administer study interventions

Obtain, use, or analyze identifiable data and/or specimens

Obtain, use, or analyze de-identifiable data and/or specimens

Other participant contact

Other responsibilities or roles

If other, please briefly explain: Click here to enter text.

D. 2 Identify any of these populations that DU will recruit:

Children

Pregnant women/fetuses

Prisoners

Native Americans/Alaska Natives

Cognitively-impaired adults

Other unique populations

If other, please briefly explain: Click here to enter text.

D.3 Is it reasonably foreseeable that you may obtain information from subjects about abuse or neglect of children and/or vulnerable adults?

No

Yes If yes, briefly explain: Click here to enter text.

If YES, has a mandatory reporting statement been included as part of the informed consent?

No  Yes

## Section E: Transferring Data

**Data Transfer/Use Agreement**   
A data transfer agreement is a contract governing the transfer of data, including human subject data, between institutions for the purposes of research.

E.1 Will this collaborative project receive or send data?

No  Yes

If **yes**, a Data Agreement Request Form is needed to determine the type and scope of data to be used or transferred.

**I will receive data**: When data will be transferred to DU from an outside entity, the Data Agreement Request Form for **RECEIVING** data is required.

* + [**Data Agreement Request Form Receiving Data**](https://www.du.edu/techtransfer/media/documents/data-agreement-request-form-receiving-data.pdf)

**I will send data:** When data will be transferred from DU to an outside entity, the Data Agreement Request Form for **SENDING** data is required.

* + [**Data Agreement Request Form Sending Data**](https://www.du.edu/techtransfer/media/documents/data-agreement-request-form-sending-data.pdf)

Please complete and submit the appropriate Data Agreement Request Form to [**datacontract@du.edu**](mailto:datacontract@du.edu)**.**