



Institutional Review Board (IRB) Reliance Request Form Office of Research and Development (ORD)

This form is to be used by the VA facility to request permission to rely on a VA or non-VA IRB. The form must be submitted by the VA Medical Center Director via email to the IRB Reliance and SIRB Exceptions email box at (IRBRelianceandSIRBExceptions@va.gov). The following individuals need to be copied on the email submission of the completed form: Dr. Kristina Borrer (Kristina.Borrer@va.gov), Ms. Priscilla Craig (Priscilla.Craig@va.gov) and Ms. Sarah Rule (Sarah.Rule@va.gov).

Do not begin work on an IRB reliance agreement or Memorandum of Understanding (MOU) until the Office of Research and Development (ORD) and the Office of Research Oversight (ORO) has evaluated the application. If the request is approved by ORD, instructions for next steps will be provided.

VA Facility Information:	
VA Facility:	
Physical Address:	
City:	State: Zip Code:
VA Facility Medical Director/Institutional Official (IO) Information:	
Name:	
Email:	Phone:
ACOS/R&D Information:	
Name:	
Email:	Phone:
Information about the IRB:	
1. Is the IRB a VA facility IRB? Yes No	
If yes, which VA facility IRB do you plan to rely upon? Please provide:	
a. Name of VA facility:	
b. FWA #:	
c. IRB Registration Number:	
d. IRB Registration Expiration Date:	



- e. Primary contact Name:
- f. Primary contact's Role:
- g. Primary contact's Email:
- h. Primary Contact's Phone:

2. Is the IRB a non-VA IRB? Yes No

(i.e. Academic Affiliate, Federal Agency or Commercial IRB)

If yes, which non-VA IRB do you plan to rely upon? Please provide:

- a. Name of non-VA IRB:
- b. FWA #:
- c. IRB Registration Number:
- d. Registration Expiration Date:
- e. Primary contact Name:
- f. Primary contact's Role:
- g. Primary contact's Email:
- h. Primary Contact's Phone:

3. A current IRB roster must accompany this reliance request form.

A current roster is included: Yes No

If not, provide a justification as to why the roster is not included at this time:

4. Does the IRB you wish to rely have a reliance agreement template?

Yes No

If Yes, please provide the template agreement with the submission of this form.



5. What type of IRB reliance is needed:

Single Study

Multiple Studies

Unsure

If unsure, please explain:

6. The IRB's Standard Operating Procedures (SOPs) are required to be submitted for vetting. Provide the website where the IRB SOP(s) is located. If IRB SOP is not publicly available, include a copy of the IRB SOP with the submission of this form.

7. Does the IRB identified currently hold an accreditation? Yes No

If yes, please name the accreditation organization:

Date of issued Accreditation:

Expiration Date of Accreditation:

8. Will your institution be required to pay for IRB review services?

Yes No

9. Has the IRB identified received any warning/restriction/suspension/disqualification letters from the Office for Human Research Protections (OHRP), US Food and Drug Administration (FDA) or any other auditing agency within the last 10 years?

Yes

If yes, provide a copy of the letter(s) issued with the submission of this form.

No



10. What type of system does the IRB use for receiving, processing, reviewing and communicating with Investigators and institutions? (Check all that apply)

Paper

SharePoint

Cloud-based

Commercial Software (e.g. IRBNet, IRB Manager)

IRB Software Name:

Other: (provide additional information)

11. Does the IRB you wish to rely perform the Health Insurance Portability and Accountability Act (HIPAA) related functions in accordance with 45 CFR 146 on behalf of the VHA facility?

Yes No

If no, which IRB/Privacy Board will you rely upon for the review and approval of HIPAA related functions?

a. Name of facility:

b. Primary contact Name:

c. Primary contact's Role:

d. Primary contact's Email:

12. Has the VA facility contacted the appropriate official(s) at the IRB to verify that the IRB will agree to be the IRB of Record for your VA facility?

Yes No

IRB Point of Contact:

Name:

Title/Position:

Email:

Phone:



VA Facility Requester(s)

Provide the Name(s), Role(s) and Contact Information for the primary contact(s) at your VA facility for questions about this application:

NAME	ROLE	EMAIL	PHONE

Signature of the Individual Completing the Form:

_____ **Title:**

_____ **Date**

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Also, remember to attach supporting documents requested throughout the form with the official email submission.