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| --- | --- |
| Title of study: |  |
| UCSF PI name: |  |
| Prime awardee institution: |  |
| Who is the sponsor? (i.e. Is it the NIH?) |  |
| New proposal or competitive renewal: |  |
| If renewal, what is the IRB #? |  |
| Grant submission deadline: |  |
| Risk level: Is it minimal or greater than minimal risk? |  |
| Number of sites: |  |
| Name of each outside site: |  |
| Name of the institution are you requesting to serve as the Reviewing IRB: |  |
| Are all relying sites engaged in human subjects research? (Please see our guidance here: http://irb.ucsf.edu/research-needing-irb-review) |  |
| Is each site conducting the exact same protocol and study procedures? |  |
| Number of unique consent forms (i.e. main consent, parental permission, assent, control group consent, etc): |  |
| Briefly describe your staffing capacity to coordinate and manage all IRB submissions, document reviews, event reporting and communication between sites: |  |
| 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\*\***