This form should be used when UIUC will be acting as the reviewing IRB for an external site.

Section 1: Study Information:

Please complete the information below.

1) Principal Investigator:

Please enter the name of the UIUC PI (PI listed in **IRB**Online).

2) Protocol Number:

Please enter the Protocol number.

Section 2: Relying Site Information

1) Site Name:

Please enter the name of the site that is being added to this IRB application. (One site per form)

2) Site Principal Investigator:

Please enter the name of the Site Principal Investigator. *This person is responsible for all research activities conducted by the relying site and its employees/volunteers/students/etc.*

3) Site PI Email address:

Please enter the Site Principal Investigator’s email address. *It is the responsibility of the UIUC PI and/or research team to provide the Site Principal Investigator all research documentation and email notifications.* ***IRB****Online will* not *send notifications to non-UIUC individuals.*

     

4) Select the study procedures that will be conducted at this site:

*Each site may conduct some or all of the study procedures. Ensure that the site’s activities are specifically described in the remainder of the application.*  
Choose all that apply.

Recruitment

Consent/Enrollment

Research observation/intervention with participants

Data collection

Data analysis

Other

If Other, please describe:

Click or tap here to enter text.

5) Do you have an enrollment goal or anticipated enrollment number for this site?

Select Yes or No.

Yes  No

If yes, please enter the anticipated enrollment number:

Click or tap here to enter text.

6) Will this site be conducting the study in a way that is different from the other sites in this multi-site study?

For example:

- Enrolling a different/modified population, e.g. adults only when the protocol allows for adults and children

- Recruiting or consenting participants with different methods than described in the main protocol.

- Using a relevant standard of care treatment that differs from the other sites and the main protocol.

- Sharing de-identified data only, when other sites share identifiable data.

Select Yes or No.

Yes  No

If yes, please enter the differences for this site

Click or tap here to enter text.

7) Will you be obtaining data/information from a medical record or entering data/information into a medical record? This includes de-identified health information or Protected Health Information (PHI).

Select Yes or No.

Yes  No

8) Attach Documents

All documents that are specific to this site must be submitted for IRB review and approval (i.e. Consent Documents, Recruitment Materials, etc.). Attach the documents in **IRB**Online, Section 23: Documents in the appropriate section. Make sure the site name is in the file name for the document.