COOK COUNTY HEALTH

Request to Use a Single IRB (sIRB)

Requests for the Cook County Health Institutional Review Board (CCH IRB) to formally agree to rely another IRB for review are determined on a case-by-case basis. Process initiation must be led by a responsible CCH Principal Investigator (PI) and begins with the satisfactory completion of this form. Please email the completed form along with accompanying documents to cchhsirb@cookcountyhhs.org. If you are already under an existing reliance agreement (NCI, COG, UIC, ChairB, etc.) there is no need to submit this form. Just submit the new study into IRBManager.

Study Title:
Study Abstract: (Please attach protocol, accompanying documents, and consent, if available)
Primary Institution Name:
Lead Principal Investigator Name:
Primary Institution Contact Name & Email:
Proposed Reviewing IRB:
Reviewing IRB Contact Name & Email:
Method for Establishing Reliance (select one): _____ New Agreement OR _____ SmartIRB
Reliance for one or multiple studies (select one): _____ One OR _____ Multiple
CCH PI Name & Email:
CCH Coordinator Name & Email:

My signature below represents a committed pledge to:

1. Take responsibility for the administrative and ethical implementation of all studies associated with this agreement according to all applicable CCH policies and procedures and applicable federal, state, and local laws.
2. Assure that all CCH investigators serving in any capacity with any study associated with the reliance agreement are appropriately on-boarded/badged and trained in human participant protections by the CCH IRB.
3. Assure that all conflict of interest (COI), including financial, (if any), of any CCH investigator associated with the reliance agreement will be reported to the CCH IRB via the "Financial Interest Statement" in IRBManager.
4. Assure that each study submitted to the CCH IRB for administrative review that is associated with the reliance agreement has obtained approval by the reviewing institution with documentation.
5. Assure that all studies associated with the reliance agreement and implemented within CCH will have consent documents that are linguistically and literacy level-appropriate; placed on CCH letterhead; have local contact information for the CCH PI and locally affiliated co-investigators, along with the Research & Regulatory Affairs office contact information and other local context information as appropriate.
6. Assure CCH HIPAA forms and data sharing agreements are used with approvals in place, in the event of data collection and sharing any PHI.
7. Upon execution of the reliance agreement, submit an administrative review application into IRBManager and receive an approved administrative review and approval by the CCH IRB before the research activity can begin.
8. Assure that any amendments or protocol revisions are assessed for any change in risk/benefit balance from the originally approved protocol, and timely submit any such amendments to the CCH IRB via IRBManager.
9. Assure that adverse events (AEs) are reported to the CCH IRB via IRBManager in accordance with CCH incident reporting policy.
10. Assure that the documented terms of the reliance agreement language as finalized and executed by CCH and the other institution are followed.

CCH PRINCIPAL INVESTIGATOR SIGNATURE	**DATE**

Note: The CCH IRB maintains the right to opt-out of a given study proposed for administrative reasons or concerns about human subject/participant protections. Examples include when proposals indicate participants may be randomized to an arm that is inferior to CCH standard of care; interventions, staff effort or facilities proposed exceed what CCH can provide; or consent language does not meet clarity or simplicity standards appropriate for CCH participants.