

# NOTICE OF INTENT TO RELY ON ANOTHER UC IRB

## Instructions for Submission and Obtaining Local UC Approval:

*At the time you submit your paperwork to the reviewing UC IRB:* Submit a signed copy of this completed form to the IRB at your campus or lab and to all other IRBs at UC locations where the research will be conducted.

*After approval by the reviewing UC IRB:* Within five days of receipt, submit one copy of the determination of exemption or the UC IRB approval letter and a copy of the approved protocol and all consent documents and any other relevant attachments to the IRB at your campus or lab and to all other IRBs at UC locations where the research will be conducted.

<b>Principal Investigator:</b>		
Name and degree	University Title	Department and Campus
Mailing Address	Area Code and Phone Number	E-mail Address
<b>Contact Person:</b>		
Name and degree	University Title	Department and Campus
Mailing Address	Area Code and Phone Number	E-mail Address

Study Title:

Name of UC Campus or National Laboratory Providing IRB Review:

Review Type:
<input type="checkbox"/> Expedited Review: Category: _____ <span style="margin-left: 150px;"><input type="checkbox"/> Exempt: Category: _____</span>

Site(s) at Which Research Will Occur:
<input type="checkbox"/> UC Berkeley <input type="checkbox"/> UC Davis <input type="checkbox"/> UC Irvine <input type="checkbox"/> UC Los Angeles <input type="checkbox"/> UC Merced <input type="checkbox"/> UC Riverside <input type="checkbox"/> UC San Diego <input type="checkbox"/> UC San Francisco <input type="checkbox"/> UC Santa Barbara <input type="checkbox"/> UC Santa Cruz <input type="checkbox"/> Lawrence Berkeley <input type="checkbox"/> Lawrence Livermore <input type="checkbox"/> Los Alamos <input type="checkbox"/> Other: _____

Funding Source(s):		
<b>1. Type of Funding:</b>	<b>2. Source of Funding:</b>	<b>3. Funds will be awarded to/through:</b>
<input type="checkbox"/> Contract/Grant <input type="checkbox"/> Subcontract <input type="checkbox"/> Drug/device donation <input type="checkbox"/> Student project <input type="checkbox"/> Department <input type="checkbox"/> Other: __ <b>Sponsor Name:</b> __	<input type="checkbox"/> Federal Government <input type="checkbox"/> Other Gov. (e.g., State, local) <input type="checkbox"/> Industry <input type="checkbox"/> Other Private <input type="checkbox"/> Campus/UC-Wide program <input type="checkbox"/> Departmental Funds <input type="checkbox"/> Other: __	<b>Dept./ORU:</b> <b><i>Institution</i></b> <b><i>Federal Wide Assurance (FWA) No.</i></b> <input type="checkbox"/> <b>[Insert campus or lab]</b> ,..... <b>[Insert FWA no.]</b> <input type="checkbox"/> Other ..... <b>Have funds been awarded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <b>Award No.:</b> __

Principal Investigator's Assurance:
<ul style="list-style-type: none"> <li>I certify that the information provided in this application is complete and correct.</li> <li>I certify that I will follow my IRB Approved Protocol.</li> <li>I will comply with all applicable federal, state and local laws regarding the protection of human subjects in research.</li> <li>I will ensure that the personnel performing this study are qualified and adhere to the provisions of this IRB-approved protocol.</li> <li>I will not modify this protocol or any attached materials without first submitting an amendment to the previously approved protocol and receiving subsequent IRB approval.</li> <li>I accept ultimate responsibility for the conduct of this study, the ethical performance of the project, and the protection of the rights and welfare of the human subjects who are directly or indirectly involved in this project.</li> </ul>
<hr style="width: 50%; display: inline-block; margin-right: 100px;"/> <span style="margin-left: 100px;">Date</span>
<hr style="width: 50%; display: inline-block; margin-right: 100px;"/> <span style="margin-left: 100px;">Date</span>