|  |  |
| --- | --- |
| Submission Type | **OSU-SPECIFIC SUPPLEMENT** |
| External Study ID# (if issued) |       |
| Study Title |       |
| Principal Investigator  |       | Appointment Type[[1]](#footnote-1) |       |
| Email Address |       | Telephone No. |       |
| College or Administrative Office |       |
| School |       |
| Department, Program, Unit, Center, or Institute |       |

*This form is to be utilized if a protocol from an external institution is being submitted in lieu of the OSU protocol template OR when the researcher is requesting that OSU defer oversight to an external IRB.*

1. [ ]  **OSU will be the IRB of Record:** If requesting that OSU review documents already under review or

approved by another institution (e.g., protocol approved at collaborating institution), complete and submit this form along with an Initial Application

**-OR-**

2. [ ]  **OSU will NOT be the IRB of Record:** Requesting that OSU’s IRB defer oversight to an external institution

a. [ ]  OHSU – check all that apply:

[ ]  Research that recruits and enrolls only OHSU research subjects

[ ]  Research that is conducted by faculty with joint OHSU/OSU appointments

[ ]  Applications for which OHSU is either the primary or sub-awardee on a grant or contract

b. [ ]  Samaritan Health Services– check all that apply:

[ ]  SHS is the primary site of interaction with human subjects

[ ]  SHS employee(s) will be obtaining consent from subjects

[ ]  SHS employee(s) will be conducting study procedures

[ ]  SHS is the primary awardee on the grant or contract

c. [ ]  Name of other institution:

Name of PI at external institution:

Federal Wide Assurance (FWA) number:

Telephone number and email address for the external IRB:

**3. Role of OSU personnel:**

*Skip to Item 4 if you are also submitting the OSU Initial Application*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study Team Member(s) | Role in Project | **OSU Email Address** | **Copy on Correspondence** | **Ethics Training Completed** | **Student-driven** (e.g., for thesis or dissertation) |
|       | Principal Investigator |       |  | **[ ]** Yes **[ ]** No |  |
|       |  |       | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No |
|       |  |       | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No |
|       |  |       | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No |
|       |  |       | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No | **[ ]** Yes **[ ]** No |

**4. Details of OSU involvement:**

*Examples: Data/sample analysis only; recruitment and obtaining consent; conducting all study activities.*

**5. Data/sample transfer and storage procedures at OSU:**

*Examples: All data will be stored in, and accessed via, [insert name of approved cloud server]. All mobile computer systems will be encrypted with at least the 256-bit. All samples are coded and the linked list of identifiers will be stored on a separate local server at the external institution only.*

**6. Explanation of any discrepancies between external protocol and local procedure:**

**7. Funding**

*If funded and the grant or contract is not in Cayuse or was not submitted with the external documents, provide a copy.*

[ ]  OSU is the Primary Awardee

[ ]  OSU is the Sub Awardee

[ ]  Funding is internal to OSU

[ ]  N/A - Unfunded

Funding source:

Proposal number:

PI on grant/contract:

OSU Cayuse number:

**PRINCIPAL INVESTIGATOR’S ASSURANCE STATEMENT**

[ ]  I attest that the information contained in this application is accurate and complete.

[ ]  I agree to notify the OSU IRB immediately of the development of any potential conflict of interest not already disclosed.

[ ]  I understand that if OSU has deferred oversight to an external IRB, I am responsible for ensuring that the content of the OSU IRB file matches the external IRB’s file within 30 days of any approvals, changes, or other actions.

|  |  |
| --- | --- |
| Study Title:  |       |
| Principal Investigator:  |       |
| Date: |       |

**Applications will only be accepted if submitted by the Principal Investigator**

**Email completed application and all relevant attachments to** **IRB@oregonstate.edu**

* File names for all attachments should include the last name of the Principal Investigator, document title, and version date. For example: Smith\_Protocol\_10272009.doc
* All attachments should include the last name of the Principal Investigator, document title, version date, and page numbers.
1. Please see the [FAQ on who may be a Principal Investigator](http://research.oregonstate.edu/irb/who-can-be-principal-investigator-pi) [↑](#footnote-ref-1)