

**I**nstitutional **R**eview **B**oard Office

The University of Texas at El Paso

 Office of Research and Sponsored Projects

**Notice of Intent for Collaborative IRB Project**

The Purpose of this form is to provide information to the collaborating IRBs to foster discussion about which IRB will be the Reviewing IRB (also known as the Lead IRB).

**This form must be reviewed and completed in its entirety. Indicate N/A when not applicable.** **Please submit this form along with a copy of your grant application and/or collaborators IRB-approved protocol via IRBNet.** Attention to these elements will facilitate IRB review.

***Reminder -*** *You are not allowed to initiate research until approval from the Reviewing IRB as well as all applicable agreements have been executed.* For further guidance or assistance, please contact the IRB office at (915) 747-6590 or by email at irb.orsp@utep.edu, or please see the [Investigator Manual for Human Subjects Research.](https://www.utep.edu/orsp/human-subjects-research/_Files/docs/Investigator%20Manual%20for%20Human%20Subjects%20Research_FINAL_Jan%202019.pdf) (Ctrl+click to follow the link)

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|  **Project Information:** *Please list the lead PI (does not need to be UTEP affiliated)* |
| **Protocol Title:** |       |
| **Principal Investigator****(Last Name, First Name)** |        |
| **University Title** | [ ]  Faculty [ ]  Staff |
| **Department** |       |
| **E-mail Address** |       | **Phone Number** |       |

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| Role(s) in the Project: *Please describe**Will you be involved with recruitment? The consent process? Data collection/entry? Data analysis? Or you will be involved without human subject interaction and/or work with identifiable data? Be sure to specify whether your roles will be conducted at UTEP and/or at external site(s).* |
| [ ]  Principal Investigator |       |
| [ ]  Co-Principal Investigator |
| [ ]  Project Coordinator/Staff |
| [ ]  Other:       |

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| **Type of Project:** *Check all that apply* |
| [ ]  Funded [ ]  Award Pending |  Federal [ ]  Non-Federal [ ]  Other [ ]   |
| **Source/Grant/Account #:** |       |
| **Officer Name & E-mail** |       |
| **Does the PI and/or research personnel have significant financial interest related to this project?** |  YES [ ]  NO [ ]  | **If yes, please describe:**       |

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| **Project Site(s):** *Check all that apply in relation to subject recruitment, subject enrollment, data collection, and data analysis.* |

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| [ ]  | Project will be conducted entirely at UTEP. |
| [ ]  | Research will be conducted at another institution.\** Project will be reviewed by another IRB and/or Ethics Committee YES ☐ NO ☐
* Provide the institution name and contact person:
 |
| [ ]  | Multi-Site Study\*: * Is UTEP the lead institution? YES [ ]  NO [ ]
* If NO, list the lead institution and PI (with e-mail address):
* If more than two institutions, please list:
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| **Ethical Considerations:** |
| **Does the study protocol include children as research subjects?**  | YES [ ]  NO [ ]   |
| **Does the study protocol include prisoners, fetuses, pregnant women, human in vitro fertilization, or persons with impaired decision making? If yes, identify:** | YES [ ]  NO [ ]   |

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| **Which location(s) will subjects be recruited from and how?***Please describe and Check all that apply*  |

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|  | ☐ Through campus/clinics | ☐ Advertisements |
| ☐ Referrals | ☐ Existing database of potential participants  |
| ☐ Mailing list/list-servs | ☐ Other |

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| **Will participants be subject to medical procedures during the course of the project?***Check all that apply*  |

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| [ ]  | Phlebotomy/ Injections | *Please describe the selected medical procedure and if the PI and/or a member of the research team is qualified to perform the medical procedures (if applicable):*  |
| [ ]  | Anthropometric measures |
| [ ]  | Blood pressure |
| [ ]  | Ultrasound/ DEXA Scan |
| [ ]  | Swabs |
| [ ]  | Other:  |

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| **Investigator(s)/Research Team Certifications, *with this submission I certify that:*** |
| I agree to fully comply with the ethical principles and regulation regarding the protection of human subjects in research. | YES [ ]  NO [ ]   |
| I agree that I will not initiate research and my initials in this box indicate a commitment that no data will be collected until approval from the Reviewing IRB and all applicable agreements have been executed. | YES [ ]  NO [ ]       |
| **Prepared by:**  | **Name:**       | **Role(s):**       | **E-mail address:**       |