

**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](mailto: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:** | |