This form is to be used for all studies under single IRB oversight. Please complete and include with your submission. **Please complete a separate form for each external site.**

**Type of Reliance**

[ ]  Reviewing IRB [ ]  Relying IRB

|  |  |  |
| --- | --- | --- |
| 1. Jefferson PI: |  | 3. Jefferson IRB #: |
|  |  |  |
|  |  |  |
| 2. External Site PI: |  | 4. External Site Name: |
|  |  |  |
|  |  |  |
| 5. Title of Study: |
|  |

6. Check as applicable

[ ]  Site will follow the full study protocol [ ]  Site will consent participants

[ ]  Data will be sent outside of Jefferson

7. Please provide a summary of the study activities for the investigators at this site:

|  |
| --- |
|  |