**APPLICATION CHECKLIST FOR FACILIATED REVIEW FOR COLLABORATIVE RESEARCH WITH NEIGHBORING FACILITY**

This checklist is for use with studies for which a UConn Health faculty member, student, resident or employee intends to collaborate with a neighboring facility ( e.g., Connecticut Children’s Medical Center, Hartford Healthcare, St. Francis Hospital & Medical Center, or UConn Storrs) and would like that facility’s IRB to be the official reviewing IRB. For example, when a resident or student is conducting a chart review study at one of the aforementioned facilities this checklist would be used. **This checklist is not to be used when reliance upon a commercial IRB or reliance upon an institution that is a member of the SMART IRB initiative is being requested**.

Submissions to the UConn Health IRB should include this checklist, and sufficient information such that a determination can be made as to whether to defer IRB oversight. Items noted with a \* are required and other items are encouraged to be submitted. If an item noted with an asterisk (\*) is not applicable to your study provide a clarifying comment (e.g. a waiver of consent was approved by XX IRB so there is no consent form, all training done through CITI at UConn Health so no certificate is attached, no significant financial interests exist). The IRB reserves the right to ask for additional documents it deems necessary in order to make a determination. Investigators are encouraged to add clarifying comments.

To request facilitated review the on-line application\* must be completed within UConn Health’s IRIS system (<https://imedris.uchc.edu>) and the relevant documents must be attached to the application. (Note: review the help section of the electronic application form to determine who to list as key study personnel.)

**Reminder: The IRB of record must grant approval AND the UConn Health IRB must accept that IRB as the IRB of record.**

| **Study Title:** |
| --- |
| **Name of Intended IRB of Record:** |

| **Check**  **or NA** | **Element of Application** | **Principal Investigator**  **Comments** | |
| --- | --- | --- | --- |
| **General Documentation** | |  | |
|  | This checklist |  | |
| **\*** | Approved protocol |  | |
| **\*** | Approved Consent document if applicable | |  |
| **\*** | Approved HIPAA Authorization, if applicable | |  |
| **\*** | Most recent approval letter issued by the other IRB (e.g. the initial approval letter or the modification approval letter if UConn Health Personnel are added to a previously approved study) | |  |
|  | Competed application form, or most recent continuing review form, that was approved by the other IRB. | |  |
|  | If applicable, approved waiver of consent | |  |
|  | If applicable, approved waiver of HIPAA | |  |
|  | Other approved documents (e.g. surveys, recruitment material, data collection tools) | |  |
| **\*** | For UConn Health personnel, the *“Significant Financial Interest (SFI) of Study Personnel”* form if applicable. (Note: Required if in response to solicitation about SFI status an individual responds YES a SFI related to the research does exist). |  | |
| **\*** | If applicable, the corresponding *Conflict of Interest Management Plan* or determination by the COI committee that the significant financial interest conflict is not a conflict that needs management (**Contact** Gus Fernandez-Wolff (x8125) for guidance on COI plans/determinations / Reminder: keep backup correspondence in study binder). (Note, required if SFI is disclosed) |  | |
| **\*** | For UConn Health personnel, if human subjects training was completed external to UConn Health (e.g. through the other facility’s training program), attach the training completion certificates to the IRB submission. Training must have been completed within the past three years to be considered current. |  | |
| **\*** | For research involving UConn Health resources (including, but not limited to, inpatient stays), the signed Confirmation of Available Resources Form |  | |