**IRB DEFERRAL REQUEST FORM**

(For Non-CTSI Institutions and Non-Aurora Institutions)

Introduction:

* Complete this form if you are requesting a deferral agreement between UWM and another institution. Please be sure to check with the non-UWM institution before completing this form to ensure they are agreeable to either accepting oversight of the study or deferring to UWM.
* If you are using this Request Form, do not submit an IRB application until you receive a response from the IRB Administrator to whom you submitted the Form.
* This Request Form is NOT an IRB application.

Instructions:

1. Complete this form with the requested information and submit to the UWM IRB using the email address below.
2. Provide as much information as possible to allow the IRB to process your request quickly.
3. Once received by the IRB staff, the Request Form will be reviewed, shared, and discussed among the IRB Administrators from all involved institutions.

5. After deliberation among the IRBs, you will be notified by the IRB Administrator who received your Request Form if a single IRB review is acceptable and if so, which IRB will provide review and oversight.

4. Do not submit an IRB application until you are notified which IRB(s) will provide review.

5. Once you are notified that a single IRB review is possible, an IRB application must be submitted to the reviewing IRB. The submission procedures and policies for the reviewing IRB must be followed.

5. Note that a coordinated or single IRB review is not guaranteed.

6. If you have questions about this process or the Request Form, contact the UWM IRB staff via the email listed below.

**Submit this form to the UWM IRB Staff- email to** [**irbinfo@uwm.edu**](mailto:irbinfo@uwm.edu)

**Questions? Contact:**

IRB Office

University of Wisconsin - Milwaukee  
P.O. Box 413, Engelmann 270  
Milwaukee, WI  53201  
[irbinfo@uwm.edu](mailto:irbinfo@uwm.edu)

414-662-3544

# Principal Investigator, Study Title and Funding

|  |  |
| --- | --- |
| Principal Investigator’s Name: | Principal Investigator’s Institution: |
| Study Title: | |
| Is the investigator a student doing work on a dissertation or thesis?  Yes  No  If yes, specify with which institution the student is affiliated: | |
| Funding:  No funding  There is funding and the source is: | Has the funding been awarded?  Yes  No  Awardee Institution: |
| Is there a subcontract or subaward?  Yes  No  If yes, specify with which institution: | |

# Study Status

|  |  |
| --- | --- |
| Yes  No | Does this study already have IRB approval? |
| Yes  No | Has the study already been submitted to an IRB? |
|  | If yes to either of these questions, specify which IRB: |
|  | If yes to either of these questions, specify IRB assigned project/study number: |

# Subject Population(s)

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| Indicate whether of any of the following subject populations will be/are enrolled in this study:  Children or infants (subjects 17 years old and younger)  Adults  Students from school(s)/institution(s):  Employees from institution(s):  Patients from institution(s):  Prisoners  Pregnant women/fetuses  Adults who have impaired decision-making capacity (e.g., coma, dementia, confusion, or mental disorders)  Other potentially vulnerable populations, e.g., institutionalized people. (describe) |

# 4. Study Sites, Personnel, and Activities

Indicate which institution or site will be involved in the study and check which activity will occur at each site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names of institution or site | **UWM** |  |  |  |
| Names of investigators at that site |  |  |  |  |
| Recruiting |  |  |  |  |
| Conducting informed consent |  |  |  |  |
| Interacting with subjects, including collecting data through interviews, surveys, focus groups |  |  |  |  |
| Audio or video recording |  |  |  |  |
| Use of ancillary services (e.g. biostatistics, pharmacy, nursing, etc.) |  |  |  |  |
| Data or biospecimen storage or banking |  |  |  |  |
| Retrospective record review |  |  |  |  |
| Prospective record review |  |  |  |  |
| Origin of data or biospecimens to be reviewed |  |  |  |  |
| Use of institutional equipment |  |  |  |  |
| Data analysis |  |  |  |  |
| Involves investigational drug(s) or device(s) |  |  |  |  |
| Level of risk (e.g. minimal, greater than minimal risk, high) |  |  |  |  |

**5. Study Summary**

In this section, explain the study and its activities in more detail.

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| Briefly state the broad research goal and specific aims of the study in lay terms: |
| Describe (a) the procedures to be used to meet the specific aims of the study, (b) at which site they will be conducted, and (c) who will be performing those procedures: |
| If the study is federally funded, identify the coordinating site for the study: |

**6. Conflict of Interest Disclosure**

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| Do any key personnel to be engaged in the proposed research activity or their family members have a potential conflict of interest that requires disclosure as required by the individual’s institutional conflict of interest policy?  Yes  No  If yes, list the individual and institution:  If yes, has this conflict of interest been reported to the individual’s institution?  Yes  No |

# 7. Study Contact Information

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| Identify the person who will serve as the point of contact for this request. This person is responsible for communicating questions and IRB decisions to study team members at all sites. (This should be the Principal Investigator or an individual coordinating the administrative details of the study)  Name:  Email:  Phone:  Date of this Request: |

**8. IRB Contact Information**

Provide the contact information for each IRB Office with which a deferral agreement is requested.

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| Contact Name:  Institution:  Email:  Phone: |
| Contact Name:  Institution:  Email:  Phone: |
| Contact Name:  Institution:  Email:  Phone: |