



IRB Reliance Agreement Determination Form

Investigators should use this form to determine whether an IRB Authorization Agreement (IAA/Reliance Agreement) can be signed between VU and an external IRB, which allows one IRB to rely on another for IRB review/oversight. Common scenarios include PIs with dual affiliations, collaborative research studies, or those with sponsors who require use of a single IRB.

1. VU Contact Information

Villanova PI Name:	Phone/Pager:	
Department:	E-mail:	
Contact Person:	E-mail:	Phone:

2. Non-VU Collaborator/IRB Information

Non-VU PI Name:	Institution Name:	
Phone/Pager:	E-mail:	Phone:
Contact Person:	E-mail:	Phone:
IRB Contact Person:	E-mail:	Phone:

(If collaborators from more than one Non-VU institution will be involved, copy and paste this box below to provide information.)

3. Study Information

Project Title:	
Funding Agency (or N/A):	Award Number:
Is VU the primary recipient of the award (as opposed to getting a subcontract)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the Funding Agency/Sponsor require use of a single IRB for the project? Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Indicate what the Villanova agent(s) will be doing:

Activity	Location (where will activities take place)
<input type="checkbox"/> Obtain consent	
<input type="checkbox"/> Access/Analyze identifiable information	
<input type="checkbox"/> Analyze non-identifiable information	
<input type="checkbox"/> Administer Study Procedures (collect data, samples, interact/intervene with participants)	
<input type="checkbox"/> Other:	

5. Indicate what the non-Villanova collaborators will be doing:

Activity	Location (where will activities take place)
<input type="checkbox"/> Obtain consent	
<input type="checkbox"/> Access/Analyze identifiable information	
<input type="checkbox"/> Analyze non-identifiable information	
<input type="checkbox"/> Administer Study Procedures (collect data, samples, interact/intervene with participants)	
<input type="checkbox"/> Other	

(If collaborators from more than one Non-VU institution will be involved, copy and paste this box below to describe activities.)

6. Who is to provide IRB review/serve as the "IRB of Record"?

(Please note that this must be determined by the IRBs, but the requestor may make recommendations.)

VU (Provide IRB # if available):

Non-VU IRB (Provide IRB Name):

Non-VU Institution FWA #:

Non-VU Institution IRB #:

Has the Non-VU IRB Agreed to Serve as IRB of Record? Yes No Request Pending

(Submit IRB approval letter and approved Application with this completed form if available.)

7. Summary of Study (Not required to complete if a VU IRB # is referenced above):

Provide a brief description of the study (e.g., research aims, procedures, data source, subject population, location, and any other basic information). Alternatively, you may attach a copy of the IRB application or grant if available.

How to Submit: Completed forms can be sent to irb@villanova.edu or attached to the VU IRB Application if requesting VU to be the IRB of record. The IRB Office will review the request and contact you with the determination. Processing time largely depends on the complexity of the scenario. Contact the IRB at irb@villanova.edu or 610-519-4228 if you have any questions.