**Relying Individual Investigator Information Sheet**

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| **Section 1: Study Information** – UChicago Study Team |
| **Study Title** |  |
| **UChicago Study #** |  |
| **UChicago Amendment # (If applicable)** |  |
| **UChicago PI name** |  |

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| **Section 2: Individual Investigator Information** – Relying Individual |
| **Name of Individual** |  |
| **Contact Phone Number** |  |
| **Contact E-mail** |  |
| **Are you an employee or agent of University of Chicago Medical Center/University of Chicago?**  |  YES[ ]  NO[ ]  *If YES, an Individual Investigator Agreement cannot be considered.* |
| **Are you conducting collaborative research activities outside the facilities of University of Chicago Medical Center/University of Chicago?**  | YES[ ]  NO[ ]  *If NO, please specify what facilities of the relying site you will be conducting research activities?*  |
| **Are you acting as an employee of any institution with respect to your involvement in the research being conducted by University of Chicago?**  | YES[ ]  NO[ ]  *If YES, an Individual Investigator Agreement cannot be considered and an IRB Authorization Agreement will need to be executed.* |
| **If identifiable health information or PHI will be shared as part of the study, please confirm where it will be sent offsite. If not applicable, please state as such.** |   |
| **Indicate any human subjects protection training (HST) course(s) you have completed** (such as CITI, GCP, [OHRP Training](https://www.hhs.gov/ohrp/education-and-outreach/human-research-protection-training/index.html)).  | *Please ensure to provide a copy of your HST certificate.* |
| **Please indicate whether you have any financial interest related to this study, funder or sponsor.** NOTE: Any financial compensation or interest greater than $0 must be disclosed per institutional policy. If this relationship changes throughout the course of the study, this must be disclosed.  | YES[ ]  NO[ ]  If Yes, explain: |
| **Individual Investigator Specific Activities** Will you complete all activities described in the protocol or is participation limited to specific activities? | Full protocol[ ]  Limited protocol [ ]  Describe limited protocol activities for this site: |

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| **Section 5: Relying Investigator Attestation and Signature** By signing the below, I confirm that the information provided is accurately reflected in this document. By signing the below, I additionally agree to the following: |
| [ ]  I agree to conduct the study in accordance with the relevant, current protocol(s) and will only make changes in a protocol after notifying the overall study/lead UChicago PI, except when necessary to protect the safety, rights, or welfare of subjects.[ ]  I agree to provide any requested training and a current resume or CV. [ ]  I agree to sign a confidentiality agreement, if applicable. [ ]  I agree to inform (as applicable) any potential subject, or any persons used as controls, what activities are research activities and/or standard of care procedures.[ ]  I will ensure that the requirements relating to obtaining informed consent approved by the UChicago BSD IRB are followed, as applicable.[ ]  I agree to follow UChicago BSD IRB requirements to report promptly reportable events to the overall study/lead UChicago BSD IRB that occur in the course of the research.[ ]  I have read and understand the research protocol, including the potential risks of the research. [ ]  I agree that I have been informed about obligations in meeting the above commitments. [ ]  I agree to maintain adequate and accurate records in accordance with regulatory requirements and to make those records available for inspection by regulatory oversight agencies, including the University of Chicago. [ ]  I agree to provide pertinent information, including the progress report to the overall study/lead UChicago BSD IRB in a timely manner to comply with continuing review requirements (if applicable) and any other requests related to IRB oversight of this research.[ ]  I agree to promptly report to the overall study/lead UChicago PI all changes in the research activity and all unanticipated problems involving risks to human research participants or others, which would be communicated to the UChicago BSD IRB. [ ]  I confirm the work proposed does not involve any data, materials, drugs or devices from a company in which I have a financial interest, or in the case of a corporate sponsor, I have not received any payments, stock or equity from this sponsor in the past 2 years. If I have a financial interest, this has been appropriately disclosed and applicable management plan has been provided. [ ]  I will not make any changes in the research without prospective UChicago BSD IRB approval, except where necessary to eliminate apparent immediate hazards to human research participants. [ ]  I agree to comply with all other requirements regarding the obligations of principal investigators as a participating PI and all other pertinent requirements that I must adhere to, including local and state laws. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relying Individual Investigator Signature Date  |