

**UT Centralized IRB Review  
Notification to Relying Organization  
Intent to Submit for Centralized Review**

**Information for the Overall Principal Investigator** – In addition to submitting an application to your organization's IRB (designated the "Reviewing IRB"), an "Intent to Submit for Centralized Review" form must be submitted to the IRB office at each participating organization.

**Information for the Site Principal Investigator** - The purpose of this form is to request centralized review at your organization (designated the "Relying Organization"). This request will be considered by your organization and a decision made on a case-by-case basis. The IRB office from your organization will forward the final decision to the Reviewing IRB.

If your organization agrees to Centralized IRB Review, you will be required to submit additional materials in accordance with local policy. The review of local issues by your organization is a separate process from the IRB approval being sought by the Overall PI. Reminder: you are not authorized to initiate research at your organization until both processes are completed: 1) the study is approved by the Reviewing IRB and an *approval* letter is issued, and 2) the local policy issues have been resolved and an *activation* letter has been issued by your Organization.

**Study Title:**

**Name and Address of Site Principal Investigator (PI):**

Site PI's Name (Last Name, First Name, MI): \_\_\_\_\_

Department: \_\_\_\_\_

PI's Telephone#: \_\_\_\_\_

PI's Cell or Pager Number: \_\_\_\_\_

PI's e-mail address: \_\_\_\_\_

PI's FAX Number: \_\_\_\_\_

**Name of the Overall Principal Investigator (PI):**

Overall PI's Name (Last Name, First Name, MI): \_\_\_\_\_

Organization: \_\_\_\_\_

**3. Which University of Texas Participating Organization will serve as the Reviewing IRB?**

Select only one

<input type="checkbox"/>	UT at Arlington (UTA)	<input type="checkbox"/>	UT Pan American	<input type="checkbox"/>	UT Medical Branch (UTMB)
<input type="checkbox"/>	UT Austin (UT Austin)	<input type="checkbox"/>	UT Permian Basin	<input type="checkbox"/>	UT HSC at Houston (UTHealth)
<input type="checkbox"/>	UT Brownsville	<input type="checkbox"/>	UT San Antonio (UTSA)	<input type="checkbox"/>	UT HSC at San Antonio (UTHSCSA)
<input type="checkbox"/>	UT at Dallas (UTD)	<input type="checkbox"/>	UT Tyler	<input type="checkbox"/>	UT Health Science Center Tyler
<input type="checkbox"/>	UT at El Paso (UTEP)	<input type="checkbox"/>	UT Southwestern	<input type="checkbox"/>	UT MD Anderson

**4. Which University of Texas Participating Organizations will be engaged in this research?**

Column A – Participating Organizations		Column B – Institutions affiliated with the participating organization
Select the Participating Organization(s) that will be engaged in the research		Insert the institutions <b>affiliated</b> with the participating organization that will also be engaged in the research
<input type="checkbox"/>	UT at Arlington (UTA)	
<input type="checkbox"/>	UT Austin (UT Austin)	
<input type="checkbox"/>	UT Brownsville	
<input type="checkbox"/>	UT at Dallas (UTD)	
<input type="checkbox"/>	UT at El Paso (UTEP)	
<input type="checkbox"/>	UT Pan American	
<input type="checkbox"/>	UT Permian Basin	
<input type="checkbox"/>	UT San Antonio (UTSA)	

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<input type="checkbox"/>	UT Tyler	
<input type="checkbox"/>	UT Southwestern	
<input type="checkbox"/>	UT Medical Branch (UTMB)	
<input type="checkbox"/>	UT Health Science Center at Houston (UTHealth)	
<input type="checkbox"/>	UT Health Science Center at San Antonio (UTHSCSA)	
<input type="checkbox"/>	UT Health Science Center Tyler	
<input type="checkbox"/>	UT MD Anderson	

**FOR IRB OFFICE USE ONLY**

1. Select the appropriate Organization

<input type="checkbox"/>	Arlington	<input type="checkbox"/>	Dallas	<input type="checkbox"/>	Permian Basin	<input type="checkbox"/>	Southwestern	<input type="checkbox"/>	HSC San Antonio
<input type="checkbox"/>	Austin	<input type="checkbox"/>	El Paso	<input type="checkbox"/>	UTSA	<input type="checkbox"/>	UTMB	<input type="checkbox"/>	HSC Tyler
<input type="checkbox"/>	Brownsville	<input type="checkbox"/>	Pan American	<input type="checkbox"/>	Tyler	<input type="checkbox"/>	HSC Houston	<input type="checkbox"/>	MD Anderson

2. The Investigator's intention to include this organization as part of the Centralized IRB Review by the IRB designated in item 3 is:

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Not Acceptable
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3. Notification Preference – the Reviewing IRB must notify this institution of approvals and study closure using the following method(s):

<input type="checkbox"/>	send a copy of the IRB letter	<input type="checkbox"/>	send a monthly statement of listing the protocols approved in the previous month
<input type="checkbox"/>	send a weekly statement of listing the protocols approved in the previous week	<input type="checkbox"/>	send an copy of the IRB letter to the Site PI at this organization who is then responsible to provide this information to the Institution

4. Federalwide Assurance Information – select the applicable statement(s)

<input type="checkbox"/>	The box that applies Subpart A to all research is checked
<input type="checkbox"/>	The box that applies Subparts B, C, and D to all research is checked

5. Verification that Reviewing IRB is listed on FWA

<input type="checkbox"/>	The IRB designated in Item 3 above is listed on this institution's Federalwide Assurance
<input type="checkbox"/>	The IRB designated in Item 3 above is also listed on the Federalwide Assurance for each affiliated institution listed in Item 4, Column B

6. Signature of the Official Authorized by Organization:

\_\_\_\_\_  
[Type Name and Title here]

\_\_\_\_\_  
Date