

UT Centralized IRB Review

Site Investigators Pre-Notification Letter -
Intent to Submit for Centralized Review

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

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

If your institution 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 institution is a separate process from the IRB approval being sought by the Overall PI. Reminder: you are not authorized to initiate research at your institution 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 institution.

Study Title:	
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1. 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: _____

2. Name of the Overall Principal Investigator (PI):

Overall PI’s Name (Last Name, First Name, MI): _____

Institution: _____

3. Which Texas Participating Institution will serve as the Reviewing IRB?

Select only one			
<input type="checkbox"/>	UT at Arlington (UTA)	<input type="checkbox"/>	UT HSC at Houston (UTHealth)
<input type="checkbox"/>	UT Austin (UT Austin)	<input type="checkbox"/>	UT Medical Branch (UTMB)
<input type="checkbox"/>	UT at Dallas (UTD)	<input type="checkbox"/>	UT HSC at San Antonio (UTHSCSA)
<input type="checkbox"/>	UT at El Paso (UTEP)	<input type="checkbox"/>	UT MD Anderson (UTMDACC)
<input type="checkbox"/>	UT Permian Basin (UTPB)	<input type="checkbox"/>	UT Health Science Center Tyler (UTHSCT)
<input type="checkbox"/>	UT Rio Grande Valley (UTRGV)	<input type="checkbox"/>	Baylor College of Medicine (BCM)
<input type="checkbox"/>	UT San Antonio (UTSA)	<input type="checkbox"/>	Texas Tech Univ (Texas Tech)
<input type="checkbox"/>	UT Tyler (UTT)	<input type="checkbox"/>	Texas Tech Univ. Health Sciences Center (Texas Tech HSC)
<input type="checkbox"/>	UT Southwestern Medical Center (UTSW)	<input type="checkbox"/>	Texas Tech HSC El Paso (Texas Tech HSC El Paso)
<input type="checkbox"/>		<input type="checkbox"/>	Angelo State University (ASU TTU)
<input type="checkbox"/>		<input type="checkbox"/>	Rice University (Rice)
<input type="checkbox"/>		<input type="checkbox"/>	The Texas A&M University (TAMU)
<input type="checkbox"/>		<input type="checkbox"/>	The University of North Texas (UNT)
<input type="checkbox"/>		<input type="checkbox"/>	The University of North Texas Health Science Center (UNT HSC)
<input type="checkbox"/>		<input type="checkbox"/>	The University of Houston (UH)
<input type="checkbox"/>		<input type="checkbox"/>	The Methodist Hospital System (Methodist)

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4. Which Texas Participating Institution will be engaged in this research?		
Select the Participating Institution(s) that will be engaged in the research	Indicate the affiliated organization(s) with the participating institution 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 at Dallas (UTD)	
<input type="checkbox"/>	UT at El Paso (UTEP)	
<input type="checkbox"/>	UT Permian Basin (UTPB)	
<input type="checkbox"/>	UT Rio Grande Valley (UTRGV)	
<input type="checkbox"/>	UT San Antonio (UTSA)	
<input type="checkbox"/>	UT Tyler (UTT)	
<input type="checkbox"/>	UT Southwestern Medical Center (UTSW)	
<input type="checkbox"/>	UT Health Science Center at Houston (UTHealth)	
<input type="checkbox"/>	UT Medical Branch (UTMB)	
<input type="checkbox"/>	UT Health Science Center at San Antonio (UTHSCSA)	
<input type="checkbox"/>	UT MD Anderson (UTMDACC)	
<input type="checkbox"/>	UT Health Science Center Tyler (UTHSCT)	
<input type="checkbox"/>	Baylor College of Medicine (BCM)	
<input type="checkbox"/>	Texas Tech University (Texas Tech)	
<input type="checkbox"/>	Texas Tech University Health Sciences Center (Texas Tech HSC)	
<input type="checkbox"/>	Texas Tech University HSC El Paso (Texas Tech HSC El Paso)	
<input type="checkbox"/>	Angelo State University (ASU TTU)	
<input type="checkbox"/>	The University of North Texas (UNT)	
<input type="checkbox"/>	The University of North Texas HSC (UNT HSC)	
<input type="checkbox"/>	Rice University (Rice)	
<input type="checkbox"/>	The Methodist Hospital System (Methodist)	
<input type="checkbox"/>	The Texas A&M University (TAMU)	
<input type="checkbox"/>	The University of Houston (UH)	
<input type="checkbox"/>		
<input type="checkbox"/>		

FOR IRB ADMINISTRATOR USE ONLY

1. The Investigator's intention to include our institution 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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2. 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

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3. 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

[Signature page to follow]

4. Signature of the Official Authorized by the Institution:

Printed Name/Title

Date

<input type="checkbox"/>	UT at Arlington (UTA)	<input type="checkbox"/>	UT HSC at Houston (UTHealth)	<input type="checkbox"/>	Angelo State University (ASU TTU)
<input type="checkbox"/>	UT Austin (UT Austin)	<input type="checkbox"/>	UT Medical Branch (UTMB)	<input type="checkbox"/>	Rice University (Rice)
<input type="checkbox"/>	UT at Dallas (UTD)	<input type="checkbox"/>	UT HSC at San Antonio (UTHSCSA)	<input type="checkbox"/>	The Texas A&M University (TAMU)
<input type="checkbox"/>	UT at El Paso (UTEP)	<input type="checkbox"/>	UT MD Anderson (UTMDACC)	<input type="checkbox"/>	The University of North Texas (UNT)
<input type="checkbox"/>	UT Permian Basin (UTPB)	<input type="checkbox"/>	UT Health Science Center Tyler (UTHSCT)	<input type="checkbox"/>	The University of North Texas Health Science Center (UNT HSC)
<input type="checkbox"/>	UT Rio Grande Valley (UTRGV)	<input type="checkbox"/>	Baylor College of Medicine (BCM)	<input type="checkbox"/>	The University of Houston (UH)
<input type="checkbox"/>	UT San Antonio (UTSA)	<input type="checkbox"/>	Texas Tech Univ (Texas Tech)	<input type="checkbox"/>	The Methodist Hosp. System (Methodist)
<input type="checkbox"/>	UT Tyler (UTT)	<input type="checkbox"/>	Texas Tech Univ. Health Sciences Center (Texas Tech HSC)	<input type="checkbox"/>	
<input type="checkbox"/>	UT Southwestern Medical Center (UTSW)	<input type="checkbox"/>	Texas Tech HSC El Paso (Texas Tech HSC El Paso)	<input type="checkbox"/>	