|  |
| --- |
|  Title on research project: |
|        |
|  Names of all researchers on approved protocol: |
|        |
|  Name of researcher who will be the primary contact person for Butler’s IRB: |
|        |
|  Address of primary contact: |
|        |
|  Phone number of primary contact: |
|        |
|  Email address of primary contact: |
|        |
|  Name of the accredited IRB reviewing protocol: |
|        |
|  Address of the accredited IRB: |
|        |
|  Phone number of the accredited IRB: |
|        |

This application includes the following attached documentation:

[ ]  This completed and signed application form, documenting the following:

* A Butler University faculty member, employee, or student is a participating researcher in the project: Yes [ ]  No [ ]
* The research will be conducted entirely at another institution: Yes [ ]  No [ ]

[ ]  Documentation establishing that the institution whose IRB is reviewing the protocol has a current federal-wide assurance with OHRP (total page #:      )

[ ]  A copy of the letter of approval from the other institution’s IRB (total page #:      )

[ ]  A copy of the protocol approved by the qualified IRB (total page #:      )

I hereby submit the above information as a request that the Butler University Institutional Review Board acknowledge the approval of the abovementioned research protocol by the above mentioned off-site accredited IRB. To the best of my knowledge, all the foregoing information is a true and accurate representation of the research and the documentation submitted to the off-site accredited IRB.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

*Submit this form, with documentation, as hard copy to the Butler Institute for Research and Scholarship, or via email to* *IRB@butler.edu**.*