**Relying on an External IRB: FAQs for Research Teams**

The purpose of this document is to provide helpful hints for study teams when **[NAME OF INSTITUTION]** has agreed to rely on an external IRB.

***What does relying on an external IRB mean?***

Institutions may agree to use an IRB outside their institution to oversee a research study or studies. This is called ceding or deferring IRB review.

***How do I know whether a study can be ceded to an external IRB?***

Please check with **[NAME OF THE PERSON OR OFFICE RESPONSIBLE FOR MAKING DETERMINATIONS REGARDING WHETHER IRB REVIEW CAN BE CEDED]** to find out:

* what research qualifies for ceded review
* how to make requests for ceding IRB review, and
* what, if any, agreement may be in place to cover the specific IRB review arrangement.

***Does my institution need to sign an agreement in order to rely on an external IRB?***

Generally, a written agreement between the institutions must be executed for an institution to rely on an external IRB. The agreement spells out the responsibilities of the institution providing IRB review as well as the institution relying on the external IRB.

***What is the SMART IRB agreement?***

The SMART IRB agreement is a national **master** **agreement** that allows institutions to avoid having to negotiate individual agreements per study or group of studies. **[NAME OF INSTITUTION]** has signed onto the SMART IRB agreement. More information about SMART IRB is at <https://smartirb.org> and a list of institutions that have signed onto the agreement is at <https://smartirb.org/participating-institutions/>.

***Do I need to obtain sign-off from my home institution, such as its IRB office, to use an external IRB?***

Generally, yes. Because institutions need to be able to identify the research that falls under its purview, even if an IRB outside the institution oversees some or all of its research. At **[NAME OF INSTITUTION]** researchers obtain sign-off to use an external IRB by **[DESCRIBE INSTITUTIONAL PROCESS FOR RESEARCHERS TO OBTAIN SIGN OFF TO USE AN EXTERNAL IRB.]**

***What is the role of my institution if research is ceded to an external IRB?***

Most reliance agreements, such as the SMART IRB Agreement, require institutions to communicate “local context” issues to the Reviewing IRB. Local context issues can include institutional requirements for informed consent language (e.g., compensation for injury language), attesting to the adequacy of research team training, qualifications of the research team and resources available to conduct the study, and providing any relevant conflict of interest management plans (or, in the case of federal agencies, assurances that that the participation of their research personnel is permissible and consistent with federal law). **[IDENTIFY THE OFFICE/PERSON RESPONSIBLE FOR PROVIDING LOCAL CONTEXT INFORMATION TO THE REVIEWING IRB.]**

***How do I request my institution cede review for my study to an external IRB?***

**[DESCRIBE INSTITUTIONAL PROCESS FOR RESEARCHERS TO SUBMIT REQUESTS TO USE AN EXTERNAL IRB.]** Study teams need to provide the following information as part of the request to use an external IRB: **[IDENTIFY THE DOCUMENTS REQUIRED, such as a protocol, template consent form, and list of sites and personnel engaged in the study for them to determine whether the study qualifies for single IRB review or which institution should serve as the Reviewing IRB.] [IF APPLICABLE, also include the following: NAME OF INSTITUTION** uses the SMART IRB Online Reliance System (<https://smartirb.org/reliance/>) to have study teams request reliance arrangements].

***How do I submit my documents to the external IRB for review?***

**[DESCRIBE THE PROCESS YOUR INSTITUTION FOLLOWS, such as:**

* **A lead study team, coordinating center, or sponsor will submit documents to the IRB and provide you with documentation of that IRB’s approval for your site.**
* **The study team is directly responsible for submitting documents to Reviewing IRB.**
* **Other arrangements**]

***How do I know when I can start the research?***

Obtaining IRB approval is only one of often many approvals or sign-offs that study teams must have in place to activate a study. The same institutional requirements must be met for study activation when using an internal IRB. Examples include: reviews and approvals by other institutional committees (e.g., biosafety, radiation safety, pharmacy, conflict of interest, billing compliance) and executing any clinical trials agreements.

You will need to have documentation that:

* your site has ceded review to the external IRB; and
* the external IRB approval for the study covers your site

If the external IRB has approved the study before your site is ready to join, your site will need to be specifically reviewed and approved as a new site, which is usually accomplished via an amendment to the existing study. Activities involving human subjects at your site cannot occur until the external IRB specifically approves your site’s participation in the research and you have obtained all required institutional sign-offs and/or approvals.

***What are my obligations when an external IRB is responsible for reviewing my research study?***

The responsibilities of the research team remain largely the same, and include:

* Obtaining sign-off from your institution to use an external IRB
* Obtaining initial approval as a participating study site
* Communicating information about study progress to the Reviewing IRB via the mechanism established for such communications (e.g., either to the IRB directly or to the lead study team or to a coordinating center)
* Tracking personnel updates, ensuring personnel are qualified and appropriately trained to perform their roles, and providing information about relevant personnel changes to the Reviewing IRB (including confirming personnel are qualified and appropriately trained) to the Reviewing IRB when required and via the mechanism established for such communications (e.g., either to the IRB directly, or to the lead study team or coordinating center)
* Reporting unanticipated problems, noncompliance, and significant new information to the Reviewing IRB via the mechanism established for such communications
* Complying with the Reviewing IRB’s policies (e.g., reporting noncompliance, unanticipated problems, and subject complaints)
* Complying with the determinations of the Reviewing IRB
* Using the most current IRB-approved documents, including the protocol, consent forms, and recruitment documents
* Complying with applicable policies from the local institution (e.g., conflict of interest, training and education, research subject compensation processes, billing compliance)
* Working with the lead investigator to make any local updates to the protocol or other approved documents (e.g., consent form or recruitment materials) and ensuring the Reviewing IRB approves these changes before they are implemented
* Communicating applicable study updates with other relevant local institution committees and/or offices (e.g., research billing, radiation safety committees, pharmacy, oncology review committees)
* **[ADD ANY OTHER INSTITUTIONAL REQUIREMENTS, AS APPLICABLE]**