**LETTER OF ACKNOWLEDGMENT OF SITE AGREEMENT TO CEDE IRB REVIEW AND REVIEWING IRB TO PROVIDE OVERSIGHT USING THE SMART IRB AGREEMENT**

This form documents that:

1. **[Reviewing Institution]** will serve as the Reviewing IRB for **[Relying Institution]** for the study noted below;

and

1. **[Relying Institution]** has agreed to cede IRB review to [**Reviewing Institution]** for the study noted below.

|  |  |
| --- | --- |
| Study Title: |  |
| Overall PI: |  |
| Relying Institution: |  |
| Relying Site PI: |  |

IRB review will be ceded under the SMART IRB Master Common Reciprocal Institutional Review Board Authorization Agreement.

|  |  |
| --- | --- |
| **Reviewing IRB designee Signature:****X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name:** **Title:**  | **Date:** |
| **Relying Institution Designee Signature:****X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name:** **Title:**  | **Date:** |

Questions about the IRB review process or study status should be directed to:

**University of Chicago BSD Institutional Review Board Point of Contact**

**Name:** Millie Maleckar, CIP

**Institutional Title:** IRB Director

**Address:** 5841 S. Maryland Ave., I-625, MC7132, Chicago, IL 60637

**Email:** mmalecka@bsd.uchicago.edu or IRBReliance@bsd.uchicago.edu

**Phone Number:** 773-702-1472

**[Insert Institution Here] Point of Contact**

**Name:** Click or tap here to enter text.

**Institutional Title:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.