# NON-UCI STUDENTS, FACULTY OR STAFF CONDUCTING

# HUMAN SUBJECT RESEARCH AT UCI

-For Department Clearance-

Note: The purpose of this form is to document authorization within the Department or Institute of human subject research activity that involves non-UCI students, faculty or staff and utilizes UCI facilities, resources or personnel.

A common example of this is a non-UCI student visits UCI campus to distribute their research survey to UCI students during class time. Another example is a colleague from another UC campus requests access to a department listserv to email UCI students research recruitment materials for their research study.

**If UCI faculty, staff or students are to be** [**engaged**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-engagement-of-institutions/index.html) **in the conduct of this research, prospective UCI IRB approval is required.** [Contact the UCI IRB staff](https://research.uci.edu/compliance/human-research-protections/about-the-irb/hrp-contact-list.html) if there are additional questions regarding what constitutes engagement in research.

**Please submit this form to the Department or Institution Director for clearance of your activity.**

**Do not submit this form to the UCI IRB for review.**

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| Non-UCI Principal Investigator: | | |
| Name and degree | Institution | Department |
| Mailing Address | Phone Number | E-mail Address |
| Administrative Contact Person (if applicable): | | |
| Name and degree | Institution | Department |
| Mailing Address | Phone Number | E-mail Address |

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| Non-UCI Study Title: |
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| All Non-UCI Researchers Involved in Study Who Will Be Working With UCI Facilities, Resources, or Personnel: | List the UCI Site(s) and Specific Location(s): | End Date of UCI Involvement: |
| Name and Degree/Institution |  |  |

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| Provide a Brief Description of the Study Activity Involving UCI: |
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| Describe How UCI Facilities, Resources, Personnel Will Be Involved in the Study: |
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| Describe the UCI Subject Population and the Recruitment and Consent of Subjects: |
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| Include the Following Information About the Non-UCI PI’s Institution: | Review Type: | Funding Source(s): |
| 1. Has this study been reviewed and approved by a duly constituted IRB?  Yes  No  2. If yes, please provide the name of the Institution:  a. What is the PI’s relationship to the institution?  b. Please provide the following documents with this application:  Local IRB Approval  Local IRB Protocol  Local IRB Approved Consent Form(s)  Local IRB Approved Recruitment Material(s)  Questionnaire, Survey or Interview Outline  Letters of permission from UCI faculty or staff  3. If no, please provide the justification as to why local IRB approval was not received?  *Note: Without appropriate (Non-UCI) IRB approval, it may not be possible to involve UCI facilities, resources, or personnel. This decision will be at the Chair or Director’s discretion.* | Exempt Category:  Expedited Review Category: | Federal Government  Other Gov. (e.g., State, local)  Industry  Other Private  PI Departmental Funds  Other:  Sponsor Name: |

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| Non-UCI Principal Investigator’s Certification: | | | | |
| * I certify that the information provided in this application is complete and correct. * I certify that I will follow my (Non-UCI) IRB Approved Protocol. * I accept ultimate responsibility for the conduct of this study, the ethical performance of the project, and the protection of the rights and welfare of the human subjects who are directly or indirectly involved in this project. * I will comply with all applicable federal, state and local laws regarding the protection of human subjects in research. * I will ensure that the personnel performing this study are qualified and adhere to the provisions of this protocol. * I will not modify this protocol or any attached materials without first submitting an amendment to the previously approved protocol and receiving subsequent (non-UCI) IRB approval as well as review by the UCI IRB, should UCI be engaged in human subject research. | | | | |
|  | Non-UCI Principal Investigator's Signature |  | Date |  |

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| UCI Department Chair or Unit/Institute Director : (*Complete below or attach a letter of support*) | | | | |
| * I am aware of the proposed research and the level of involvement with the departmental faculty, staff, students, and or facilities. * I agree that this researcher can assess our facilities, or personnel as described in the proposal. | | | | |
|  | UCI Department Chair Signature |  | Date |  |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **INSTRUCTIONS FOR SUBMISSION**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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| **Submit *the completed and signed form and the required documents to the*** UCI Department Chair or Unit/Institute Director***.*** *Please do not submit this form to the UCI IRB for review.* |