



Institutional Review Board

**** INACTIVE FORM ****

Reciprocity Application

This form can be used as a ***planning guide only*** to prepare your IRB materials. You may copy/paste these answers into this online form: [IRB Reciprocity Application](#). Contact IRB@stedwards.edu with any questions.

When St. Edward's University researchers wish to facilitate a study on campus that has already been approved by an external institution, they can apply for Approval by Reciprocity. Under this policy, the external institution's IRB will serve as the IRB of Record (Reviewing IRB), and SEU agrees to allow the research to be conducted on campus and accepts the research oversight of that external institution.

Each study needs to have at least two investigators: a local SEU PI and a PI at the external IRB institution. (SEU student PIs must have a faculty advisor on campus to oversee the study.) Additional Co-Investigators can be listed, if applicable.

The SEU PI should submit the **IRB Reciprocity Application** (next page), along with the following required documents:

- the original application to the IRB of Record
- the approval letter from the IRB of Record
- all recruitment documents tailored to SEU subjects
- all consent/assent forms
- copies of all measures that will be administered
- valid CITI certificates for all SEU investigators (and Faculty Advisor(s), if applicable)

The SEU IRB will evaluate the research protocols for risk factors and decide to approve or deny. If the request is denied, a full SEU proposal application will be required.



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Today's Date: _____

SEU Principal Investigator's Name: _____

SEU PI's Email: _____

SEU PI's Phone: _____

Specify your status as the SEU PI:

____ Faculty

____ Staff

____ Undergraduate Student

____ Graduate Student

Faculty Research Advisor: _____

Faculty Research Advisor: _____

Co-Investigator(s) names & affiliations (if applicable): _____

Institution Granting Approval (IRB of Record): _____

Primary Principal Investigator's Name (IRB of Record): _____

Primary PI's email: _____

Primary PI's phone: _____

Title of Research Project: _____

Type of Study: ☐ Exempt ☐ Expedited ☐ Full Board Review

Date of initial approval by IRB of Record: _____

Most recent date of approval (if applicable): _____

Expiration date of approval: _____

Signatures

- I certify that the statements made in this Application are complete and accurate.
- I agree to inform the IRB in writing of any emergent problems or procedural changes of the project.
- I further agree not to proceed with the research until the problems have been resolved or the IRB has reviewed and approved of the changes.

E-Signature (type full name for acknowledgement): _____

Date: _____