Appendix K: NU IREC Deferral of Oversight Form

If requesting a deferral of the NU IREC oversight to an external institution, please complete and submit this form along with the external institutions' current approval and all currently approved documents, including CITI certifications for all NU team members.

Submission Type	NU IREC will NOT be the IRB of Record
External Study ID# (if issued)	
Study Title	
Principal Investigator	
Email Address	
School	
Department, Program, Unit, Center, or Institute	
Primary Intent	☐ Publication/Presentation or ☐ Thesis/Dissertation

1. **Name of external institution where ethics approval was granted:**

2. **Name of Principal Investigator at external institution:**

3. Role of Nazarbayev University personnel:

Study Team Member(s)	Role in Project	NU Email Address	Copy on Correspondence	Ethics Training Completed
	Principal Investigator		☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

4. Details of Nazarbayev University involvement:

Provide summary and check all applicable boxes.
Collection of data or samples: ☐ Yes ☐ No ☐ Pre-existing
Receipt of data or samples for analysis:
☐ Identifiable ☐ De-identified/Coded ☐ Not Receiving
Recruitment: ☐ Yes ☐ No
Obtaining consent: ☐ Yes ☐ No

5. Data/sample transfer and storage procedures at Nazarbayev University:

6. Explanation of any discrepancies between external protocol and local procedure:

7. Nazarbayev University Study Team Assurance Statement

☐ I attest that the information contained in this application is accurate and complete.

☐ I agree to notify the NU IREC immediately of the development of any potential conflict of interest not already disclosed and when applicable, the external institution of record.

☐ I understand that if NU has deferred ethics oversight to an external institution, I am responsible for ensuring that the content of the NU IREC file matches the external institution's file within 30 days of any approvals, changes, or other actions.

Name of NU Study Team Member:	
Signature of NU Study Team Member:	
Date:	