

CPHS RELIANCE APPLICATION COVER SHEET

This form is to be filled out for [UC Systemwide Reliances](#) when UC Berkeley is relying on another UC institution. Please fill out the form, save your responses, and email to irb_reliance@berkeley.edu.
Note: Hover mouse above fields for instructions.

General Information

Protocol Title:	<input style="width: 95%;" type="text"/>	UC Reliance #:	<input style="width: 95%;" type="text"/>
		Today's Date:	<input style="width: 95%;" type="text"/>
Principal Investigator/Faculty Advisor:	<input style="width: 95%;" type="text"/>		
Indicate UCB Status:	<input type="text" value="Please select"/>	UCB Email:	<input style="width: 95%;" type="text"/>
Student/Postdoctoral Investigator:	<input style="width: 95%;" type="text"/>		
Indicate UCB Status:	<input type="text" value="Please select"/>	UCB Email:	<input style="width: 95%;" type="text"/>
Number of UCB personnel involved in conducting this research (include PI/ faculty advisor and student/postdoctoral investigator listed above):			<input style="width: 95%;" type="text"/>
Number of non-UCB personnel, involved in this research, under the UCB PI's oversight (e.g., contractors, volunteer researchers, external collaborators):			<input style="width: 95%;" type="text"/>

Funding Information

List all funding that is supporting this research:

UCB SPO Proposal Number	UCB Proposal PI	Funding Agency

Other UCB Funding (e.g., UCB campus funding, UCB departmental funding, gift funds to UCB):

Non-UCB Funding (e.g., NIH funding awarded to the reviewing campus):

UCB Research Activity

Briefly describe activities to be conducted by the UCB investigators (such as research design, recruitment, obtaining consent, administering interventions, collecting data, analyzing identifiable data, etc.), and state where these activities will take place:

Check all that apply:

Other Information

- This research is receiving federal funding (NIH, NSF, DOD, etc.)
- This research is regulated by the US Food and Drug Administration (FDA).
- Researchers will be creating, accessing, using, or disclosing [Protected Health Information \(PHI\)](#) as defined by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#).
- The study involves use of human blood, body fluids, tissues, or cells (including cell lines) by collecting samples, accepting samples already collected, or receiving samples from any source. See [Biological Use Authorization \(BUA\)](#) information.
- The study involves use of non-ionizing radiation sources (laser or magnetic sources) at UCB. See [Laser Use Registration](#) and/or [Magnetic Inventory Number](#) information.

Reliance Application Checklist (additional items to be sent to irb_reliance@berkeley.edu):

- Investigators must declare any potential conflict of interest by completing and submitting [CPHS Checklist for Financial Conflict of Interest](#)
- All UCB researchers who are conducting human subject research activities must submit either Group 1 or Group 2 [CITI Human Research Training Completion Certificates](#) prior to being involved in the research. This includes the PI/faculty sponsor, student/postdoctoral investigator, and any other UCB research staff involved in this research.