

Request for Authorization to Use a Commercial IRB for Review of a Human Subjects Research Project

Complete this Request for Authorization of Services between the commercial Institutional Review Board (IRB) and UC Berkeley, and submit it to the Office for Protection of Human Subjects (OPHS). See [Commercial Institutional Review Board \(IRB\) Review](#) for more information.

Name of Commerical IRB: _____

Name of Research Project: _____

Name of Principal Investigator (PI): _____

Name of Co-PI or Student Investigator (if any): _____

Sponsor/Funding Agency: _____

Award Number (if any): _____

In a few sentences, describe the purpose of this research project, the subject population, and list the procedures to be used.

1. Check all that apply:

- a. Industry-authored study.
- b. Industry-funded/sponsored study.
- c. Industry-funded clinical trial or multisite clinical trial.
- d. A Contract Research Organization (CRO) will be doing the IRB submission(s) on my behalf for this study.
- e. As PI, I will be directly submitting the protocol for IRB review.
- f. Federally funded multi-site clinical trial or federally funded study with payment authorization and budget for external IRB review.

2. On behalf of all members of the research team, the PI must complete and submit the [CPHS Checklist for Financial Conflict of Interest Human Subject Studies](#) form to OPHS. If there are any "yes" answers on the Checklist, a more detailed [COI form](#) must be filled out and submitted for each individual who has a "yes" response on the Checklist.

3. Do you have approval/s from any of the following? If yes, please provide the approval number. Note that, as the PI, you are responsible for obtaining all necessary compliance approvals before the research can begin.

a. CLEB (Biosafety): Yes No BUA #: _____ Expiration Date: _____

b. Laser Safety: Yes No LSA #: _____ Expiration Date: _____

c. Other institutional committee approvals, as applicable.

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4. Please complete the table below for UC Berkeley team members' human subjects research training dates of completion as applicable. Attach an additional sheet if needed. See [Policy requirements](#) for more information.

Team Member	CITI Biomedical	CITI Social/ Behavioral	Clinical Trials - FDA Focus - Investigators and/or Team Members - GCP	NIH-Funded – PHRP Training	HIPAA

The PI is responsible for ensuring and documenting that all research team members working on this study have completed, at a minimum, the UC Berkeley required CITI Basic Training as appropriate to Social-Behavioral or Biomedical procedures in the study. The reviewing IRB can require additional training as part of its review and approval.

- 5a. Has the Industry Alliances Office (IAO) been notified that a commercial IRB will be reviewing this project? Yes No
- 5b. Has the IAO completed negotiations and fully executed the contract? Yes No

I certify that the information provided is accurate and complete. I acknowledge that I am responsible for adhering to all applicable UCB policies and compliance processes, including obtaining any necessary approvals (e.g. biosafety, laser safety, COI etc).

Principal Investigator Signature: _____ Date: _____

Principal Investigator Name: _____