**SPECTRUM HEALTH RELIANCE SCREENING FORM**

**Purpose:** Use this form if you have requested a reliance agreement in your Spectrum Health Intake Form, or if you are adding a reliance agreement through a Modification to your already approved Spectrum Health research.

|  |  |
| --- | --- |
| **1** | **Project Title:** |
| **2** | **Is Spectrum Health being asked to rely on another IRB, or will SH serve as the IRB of Record?** SH will serve as IRB of record  (If SH will serve as IRB of Record include primary rationale Existing IRB reciprocity agreement with GVSU ) |
| **3** | **FWA Number: 00002829** |
| **4** | **IORG Number: 0002093** |
| **5** | **Outside entity AAHRP Accredited? (Yes/No): No** |
| **6** | **Non-Spectrum Health Primary Investigator:** |
| **7** | **Spectrum Health Primary Investigator:** |
| **8** | **Multi-institutional pre-existing agreements and/or portals to be used (i.e., WIRB, SMART IRB, MSU, etc.): Existing IRB reciprocity agreement with GVSU** |
| **9** | **Is this project funded:**  **Yes**   1. **Name all funding source(s) including sub-awards and subcontracts:**   **No** |
| **11** | **Briefly describe the activity(s) taking place at Spectrum Health:** |
| **12** | **Number of Subjects to enroll at Spectrum Health?** |
| **13** | **Indicate the number of collaborating institutions (excluding SH) for this research:** |
| **14** | **Please indicate a primary contact at outside entity IRB (if known): Stacey Gardner or Ben Vesper: rci@gvsu.edu** |
| **15** | **Does the proposed research require a waiver or partial waiver of:**  **HIPAA**  **Informed Consent**  **N/A** |
| **16** | **Indicate the vulnerable populations to be included in this proposed research:** |
| **17** | **Determined Level of Risk by outside entity IRB (if applicable):** |
| **18** | **Does SH IRB have to rely to participate? No** |