ACKNOWLEDGEMENT OF SITE AGREEMENT TO CEDE IRB REVIEW AND REVIEWING IRB TO PROVIDE OVERSIGHT

This form documents that:

1. [LIST IRB] will serve as the Reviewing IRB for Weill Cornell Medical College for the study noted below;

and

1. The Weill Cornell Medical College has agreed to cede IRB review to [LIST IRB] for the study noted below.

|  |  |
| --- | --- |
| Study Title: |  |
| Study ID: |  |
| Overall PI: |  |
| Relying Site Investigator: | LIST WCM PI |

IRB review will be ceded under the SMART IRB Master Common Reciprocal Institutional Review Board Authorization Agreement.

Questions about the IRB review process or study status should be directed to [NAME OF PERSON AND IRB] SMART IRB Point of Contact ([email](mailto:millsks@ucmail.uc.edu); phone) and Lauren Blumberg, SMART IRB Point of Contact for Weill Cornell Medical College (email: lab7018@med.cornell.edu; phone: 646-369-3751).

**Reviewing IRB Designated Institutional Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

**Relying Institution Designated Institutional Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Timothy Wilkin, MD, MPH

Title: Assistant Dean, Clinical Research Compliance

cc: *PI at Reviewing IRB*

*PI at Relying Institution*