HSC Use Only

UCSB HSC COI Checklist Complete

UCSB HSC Training Complete



**HSC RELIANCE APPLICATION**

This form is to be filled out for when UCSB is relying on another institution’s IRB review. Please fill out the form, save your responses, and email to [hsc@research.uscb.edu](mailto:hsc@research.uscb.edu).

**Non UCSB Study Personnel**

|  |  |
| --- | --- |
| Non UCSB Principal Investigator: Joseph Holler | Email: josephh@middlebury.edu |
| Institution: Middlebury College | Reviewing IRB: Middlebury College IRB | |
| Protocol Title: Reproducibility and Replicability Workshop Effectiveness | Protocol #: 257 | |
| Indicate the type of review the overall study will receive:  Exempt Level\* X Expedited Level  Convened IRB | | |

*\*If an Exempt Determination has been made by the collaborator’s IRB, it will (or may) not be possible to enter into an IAA with that IRB. Contact the UCSB HSC to discuss how to proceed with reliance/review request.*

Indicate activities to be conducted by Non-UCSB researchers. Check all that apply:

X Research Design X Recruitment X Obtaining Consent

X Administering Interventions X Collecting Identifiable Data X Obtaining/Analyzing Identifiable Data

Other (please describe):

**UCSB Study Personnel[[1]](#footnote-1)[[2]](#footnote-2)**

List all UCSB personnel to be conducting human subjects research activities. Add more rows as necessary:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | UCSB Status (e.g., graduate, post-doc) | Email | HSC Training Completion Date |
| Dr. Peter Kedron | Principal Investigator | peterkedron@ucsb.edu | 24-Aug-2023 |
|  |  |  |  |

**Funding**

List the funding sources (one per row), identify the funding agency, grant/contract title, and Orbit record:

*Orbit Record:* National Science Foundation,BCS-2049837, Theory and STEM Education Through Reproductions and Replications in the Geographical Sciences

**Other Information**

Check all that apply:

This research is regulated by the Food and Drug Administration

Researchers will be creating, accessing, using or disclosing Protected Health Information (such as a medical record) as defined by the Health Insurance Portability and Accountability Act

This research is subject to ancillary approvals (e.g., Biosafety, Material Transfer Agreement, etc.)

Indicate activities to be conducted by UCSB researchers. Check all that apply:

X Research Design X Recruitment X Obtaining Consent

X Administering Interventions X Collecting Identifiable Data X Obtaining/Analyzing Identifiable Data

*Provide a brief description of the activities to be conducted by UCSB researchers. Include types of data (e.g., name, address, audio or video files, etc.) and/or specimens (e.g., blood, tissue) to be obtained/analyzed:*

Other (please describe)

1. Note it is the UCSB investigator’s responsibility to report any [unanticipated problems or adverse events](https://www.research.ucsb.edu/sites/default/files/HS/ucsb_hsc_023_unanticipatedproblemsadverseevents.pdf) to the UCSB HSC if they are: 1) unexpected; 2) related or possibly related to participation in the study; and 3) if the research places subjects or others at a greater risk of harm than was previously known or recognized. [↑](#footnote-ref-1)
2. It is the UCSB investigator’s responsibility to notify the HSC of any [significant changes](https://www.research.ucsb.edu/sites/default/files/HS/ucsb_hsc_018_amendments.pdf) or [serious protocol non-compliance](https://www.research.ucsb.edu/sites/default/files/HS/ucsb_hsc_021_protocoldeviationsnoncompliance.pdf) associated with their project. [↑](#footnote-ref-2)