**Clinical Research Department**

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**IRB AUTHORIZATION AGREEMENT (IAA)**

**RELIANCE ACKNOWLEDGEMENT FORM**

**--CLOSE-OUT--**

This form is for use in studies that are being closed out that have an IRB Authorization Agreement (IAA) with another institution, or when your research falls under the umbrella agreement with Emory, Georgia Tech, or Morehouse. Please contact the IRB if you need assistance determining whether or not you should complete this form.

*To be completed by study staff:*

|  |
| --- |
| Project Title: |
| Principal Investigator: |
| PI Email: |
| IRB Number from approving institution:  |
| Study Coordinator or Contact Person: |  |
| Contact Email:  |  |
| Contact Phone: |  |
| Has a conflict of interest been identified in this study? |  [ ]  Yes [ ]  No |

Signature of Principal Investigator or Coordinator Date

**Acknowledged By:**

Children’s Healthcare of Atlanta Representative Date

*For studies that include patient care at Children's , this documentation does not imply all requirements for the Office of Sponsored Programs have been me. Please notify the Office of Sponsored Programs of this closure.*