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**Clinical Research Department**

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**IRB AUTHORIZATION AGREEMENT (IAA)**

**RELIANCE ACKNOWLEDGEMENT FORM**

**--INITIAL SUBMISSION--**

This form is for use in new studies 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.

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| --- | --- | --- | --- |
| Project Title: | | | |
| Principal Investigator: | | | |
| PI Email: | | | |
| IRB Number from approving institution: | | | |
| Please indicate which authorization agreement this study falls under:  Emory University (Umbrella Agreement)  Georgia Tech (Umbrella Agreement)  Morehouse (Umbrella Agreement)  Other (list institution): | | | |
| Does this study involve a device? | | Yes  No | |
| Does this study include Hughes Spalding as a site? | | Yes  No | |
| Does this study utilize Children’s data (i.e. will Epic be used in any way for this study?)? | | Yes  No | |
| Does this study use samples that were collected at Children’s? | | Yes  No | |
| 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 met, this form simply acknowledges the IRB Authorization Agreement. No updates to the IRB are required until the study is closed. Upon study closure, please submit the IAA Acknowledgement Close-Out Report Form.*