|  |  |  |
| --- | --- | --- |
|  | Diagram  Description automatically generated | **FORM: IRB Transfer Agreement** |

**Agreement for Transferring IRB Oversight from** *(insert Name of IRB*) **to Fred Hutch IRB**

1. Identify the study to be transferred (describe):

|  |  |
| --- | --- |
| Study Title: |  |
| Participating Site: |  |
| Site Investigator: |  |
| Local IRB #: |  |
| Fred Hutch Study/Site #: |  |

Select one:

Transfer of study

Transfer of participating site

1. Describe how the availability and retention of pertinent records are maintained by the original IRB once transfer to the Fred Hutch IRB has occurred:

*All IRB documents specific to the study/site from the original IRB will be transferred to the Fred Hutch IRB with the IRB Application or Participating Site Application submitted to the Fred Hutch IRB. The IRB documents from the original IRB will be provided electronically through email or through a shared drive.*

1. What is the effective date for transfer of oversight, including records for the clinical investigation(s)?

*Transfer of oversight is effective as of the date the Fred Hutch IRB grants final approval of the IRB Application or Participating Site Application.*

1. Who will confirm that Fred Hutch has conducted review of the transfer study/site before Fred Hutch accepts responsibilities for the study/site?

*IRO Director or designee*

1. How will you confirm the next continuing review date?

*The Fred Hutch IRB will establish a new continuing review date upon approval of the IRB Application or Participating Site Application.*

*For site transfer only: Current Fred Hutch IRB policy is to align the expiration date of the Participating Site file with the Lead IRB file. The current approval period for the Lead IRB file is*      .

1. Will consent forms be revised when the study/site is transferred to the Fred Hutch IRB?

*The Fred Hutch IRB will review the consent form(s) as part of the IRB Application or Participating Site Application review unless the study/site activities are now limited to data analysis only.*

1. Based on communication with the transferring institution and the investigator:

|  |  |
| --- | --- |
| Who will inform the sponsor about the **pending** transfer: |  |
| Who will inform the sponsor about the **completed** transfer: |  |
| Who will inform the investigator about the **pending** transfer: |  |
| Who will inform the investigator about the **completed** transfer: |  |
| Who will inform other entities about the transfer (e.g., CRO, DSMB): |  |

1. The following institutional representatives acknowledge the terms of this agreement as outlined in section 1-8 above. Their signature on behalf of their respective institutions authorizes the terms of this IRB transfer agreement.

**Signatory Official of Original IRB**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| Printed Name | |  | Signature |  | Date |
| Title: |  | | | | |
| Address: |  | | | | |
| Telephone: |  | | | | |
| Fax: |  | | | | |

**Signatory Official of IRB** **Responsible for Transferred Study/Site Review and Oversight**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| Printed Name | |  | Signature |  | Date |
| Title: |  | | | | |
| Address: |  | | | | |
| Telephone: |  | | | | |
| Fax: |  | | | | |