**University of Idaho**

**Institutional Review Board**

**Reliance Agreement Request Form**

**Name of Research Project:** Click or tap here to enter text.

**Protocol Number**: Click or tap here to enter text.

**University of Idaho Principal Investigator:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Other Institution’s Principal Investigator:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Sponsor and Funding Source:** Click or tap here to enter text.

**Primary Awardee:** [ ]  **University of Idaho**

[ ]  **Other institution:** Click or tap here to enter text.

**Award Number:** Click or tap here to enter text.

**If the University of Idaho is the primary funding recipient skip this section. If the University of Idaho is NOT the primary funding recipient or no funding is being obtained, complete this below:**

**Name of the Institution to be the IRB of record:** Click or tap here to enter text.

**Federal Wide Assurance Number of that Institution:** Click or tap here to enter text.

**IRB Registration Number of that institution:** Click or tap here to enter text.

**Justification for the institution to be the IRB of record:** Click or tap here to enter text.