## INSTRUCTIONS:

For multi-site studies where an IRB has agreed to cede its authority to another IRB, use this form to provide study specific local context issues that must be incorporated/ taken into consideration with protocol review and determination by the IRB of Record. This form should be completed by someone from the IRB office knowledgeable about the institutional policies and procedures regarding human participant research or member of the IRB at the local institution.

## BASIC INFORMATION

|  |  |
| --- | --- |
| Protocol Number |  |
| Protocol Title |  |
| Local Institution |  |
| Local Institution FWA # |  |
| Name and Title/ Role of LCR Reviewer |  |
| E-mail address of LCR  Reviewer |  |
| Study Specific Local  Context Issues |  |

The LCR Reviewer has performed a local content review of this study.

LCR Reviewer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **UH HSP/ IRB Use only**  **CHS#/ Protocol ID:** |
| Received and Approved By:  Signature (Chair, Vice Chair, or Designee) Date |