

SDSU/UCSD JOINT REVIEW OF FACULTY PROTOCOLS COVER SHEET FOR IRB APPLICATION

Instructions to Principal Investigator:

1. Project must qualify for Joint IRB review for Faculty protocols. For guidance, see “SDSU/UCSD Agreement and Process for Joint IRB Review of Faculty Protocols” at refer at <http://gra.sdsu.edu/research//irb> or <http://irb.ucsd.edu/factsheets.shtml>. For SDSU/UCSD joint review associated with JDP students, please see guidance at <http://gra.sdsu.edu/research//irb> and/or the “UCSD/SDSU Agreement for JDP-IRB Review” fact sheet at <http://irb.ucsd.edu/factsheets.shtml>.
2. Complete and sign this Cover Sheet.
3. Submit this Cover Sheet with the complete IRB application to the Reviewing IRB (for SDSU IRB submissions, upload this document as a “Supporting Document”).
4. The Reviewing IRB will review the IRB application and communicate with the Relying IRB. A representative of the Reviewing IRB and Relying IRB will sign this Cover Sheet to document completion of the review process.
5. Upon completion of review and approval of the IRB protocol, the PI will receive a copy of this Cover Sheet signed by the Reviewing and Relying IRB representatives. At that time, research may commence.

Reviewing IRB: *The Reviewing IRB is determined by the institutional affiliation of the faculty member responsible for oversight of the proposed research.* For funded research, this would be the person noted as the Principal Investigator.

Note: For projects that involve the SDSU Exercise Physiology Laboratory, the SDSU IRB will be the Reviewing IRB. For projects that involve VA San Diego facilities, use the UCSD MRI facility, or Rady Children’s Hospital – San Diego facilities, the UCSD IRB will be the Reviewing IRB.

Reviewing IRB:	<input type="checkbox"/> SDSU	<input type="checkbox"/> UCSD
----------------	-------------------------------	-------------------------------

B. Project Information

Project Title	
Name of Principal Investigator at SDSU	Department
E-mail Address	Phone Number
Name of Principal Investigator at UCSD	Department
E-mail Address	Phone Number
Project Funding Source	
Primary Campus Administering the Project Funds	

Signature of Principal Investigator

Date

Representative of Reviewing IRB

Date of Approval

Representative of Relying IRB

Date of Acceptance