**Request from Relying Site**

*Date*

*Include Onsite Letterhead  
Relying Site Name  
Contact Person  
Address  
Phone number  
Email address*

*(Relying Site Name)* formally requests the University of Chicago BSD-IRB serve as the reviewing IRB for participation in the research study titled “*(include study title)*”. All appropriate documentation needed will be completed and provided to aid in the review of our participation.

Thank you,

(*Institutional Official Signature/Relying Site Principal Investigator*)

---------------------------------------------------------------------------------------------------------------------

**Request from Relying Individual**

*Date*

*Relying Individual Name  
Address  
Phone number  
Email address*

I, *(Relying Individual Name)*,formally requests the University of Chicago BSD-IRB serve as the IRB of Record for my participation in the research study titled “*(include study title)*”. All appropriate documentation needed will be completed and provided to aid in the review of my participation.

Thank you,

(*Institutional Official Signature/Relying Individual Signature*)