

Institutional Review Board Deferral Supplemental Form

Study title

Is the study funded? If yes, by whom.

Is OU receiving any funds (e.g., a subcontract)?

Describe your role in this research project. Please be specific when it comes to whether you will have direct interaction with research subjects, will be involved in the consent process, what data you will receive and whether it will contain any identifiers or Protected Health Information (PHI), and how the data will be provided to you.

If you will access, view or analyze PHI from the other organization, please describe how you will obtain the information and what identifiers will be provided.

Please provide the IRB approval letter in the “Approved IRB Protocol” section of the deferral form in LEO.

Upload a brief description of the research objectives, methodology and where the research will take place in the “Approved IRB Protocol” section of the deferral form in LEO.

If you will be explaining or obtaining informed consent, HIPAA authorization, parent permission or child assent, please provide a copy of the document(s) in the “Approved IRB Protocol” section of the deferral form in LEO.