



**Clinical Research Department**

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**IRB AUTHORIZATION AGREEMENT (IAA)  
RELIANCE ACKNOWLEDGEMENT FORM**

**--INITIAL SUBMISSION--**

This form is for use in new studies that have an IRB Authorization Agreement (IAA) with another institution, or when your research falls under the umbrella agreement with Emory, Georgia Tech, or Morehouse. Please contact the IRB if you need assistance determining whether or not you should complete this form.

|   |  |
|---|--|
| Project Title:  |  |
| Principal Investigator:   |  |
| PI Email:   |  |
| IRB Number from approving institution:                                |  |
| Please indicate which authorization agreement this study falls under: |  |
| <input type="checkbox"/> Emory University (Umbrella Agreement)        | <input type="checkbox"/> Georgia Tech (Umbrella Agreement) |
| <input type="checkbox"/> Morehouse (Umbrella Agreement)               |  |
| <input type="checkbox"/> Other (list institution):                    |  |
| Study Coordinator or Contact Person:                                  |  |
| Contact Email:  |  |
| Contact Phone:  |  |
| Has a conflict of interest been identified in this study?             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

\_\_\_\_\_  
Signature of Principal Investigator or Coordinator

\_\_\_\_\_  
Date

**Acknowledged By:**

\_\_\_\_\_  
Children's Healthcare of Atlanta Representative

\_\_\_\_\_  
Date

*For studies that include patient care at Children's , this documentation does not imply all requirements for the Office of Sponsored Programs have been met, this form simply acknowledges the IRB Authorization Agreement. No updates to the IRB are required until the study is closed. Upon study closure, please submit the IAA Acknowledgement Close-Out Report Form.*