**UNIVERSITY OF MARYLAND, COLLEGE PARK**

**Prior to Institutional Review Board (IRB) Protocol Approval Account Authorization Form**

**for Sponsored Projects Involving Human Subjects**

The purpose of this form is to request authorization to proceed with setting up an account prior to approval of an IRB Protocol when a sponsored project has been awarded, but research involving the human subjects portion of the sponsored project will not begin until later in the period of performance. This form should be completed by the Department and/or Principal Investigator (PI) and submitted to the IRB Office for concurrence. *The Department and PI are responsible for notifying the Office of Research Administration (ORA) once the IRB Protocol has been approved and for sending documentation of approval status to ORA.*

1. PI Name: Click or tap here to enter text.
2. Department: Click or tap here to enter text.
3. PI E-mail: Click or tap here to enter text.
4. PI Phone Number: Click or tap here to enter text.
5. Proposal Title: Click or tap here to enter text.
6. KR Proposal Number: Click or tap here to enter text.
7. Start Date of Award: Click or tap here to enter text.
8. Amount of funds for portion of the sponsored project being done prior to IRB Protocol approval (***please attach a budget and brief budget justification for this amount***):

Click or tap here to enter text.

1. Anticipated Start Date for the portion of the sponsored project involving human subjects:

Click or tap here to enter text.

1. ORA Contract Administrator: Click or tap here to enter text.

**PLEASE NOTE: No Human Subject Research may begin until IRB Approval has been granted.**

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**By signing below, you are indicating approval of the establishment of an account, concur with the information stated on this form, and are certifying that the initial funds released for this sponsored project will not be spent on activities that require an approved IRB Protocol.**

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Office Concurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completing:**

**Prior to Institutional Review Board (IRB) Protocol Approval Account Authorization Form for Sponsored Projects Involving Human Subjects**

1. PI Name: Please note the name of the PI listed on the proposal.
2. Department: Please state the department the PI is affiliated with.
3. PI E-mail: Please provide the e-mail for the PI listed for #1 above.
4. PI Phone Number: Please provide the phone number for the PI listed for #1 above.
5. Proposal Title: Please provide the title on the proposal that is being awarded.
6. Insert the KR Proposal Number
7. Start Date of Award: Please note when the sponsored project will begin.
8. Amount of funds for the portion of work being done prior to an approved IRB Protocol. Please provide the amount of funds needed to begin the sponsored project. These funds will be released for expenditures. These funds cannot be used for human subjects related activities until an approved IRB Protocol is in place.
9. Start Date: Please note the anticipated start date of the portion of the sponsored project that will involve human subjects. This date will serve as the deadline by which you must obtain an approved IRB Protocol.
10. ORA Contract Administrator: Please add the name of your ORA CA.

Once this form has been completed and signed by the appropriate PI and Chair, please forward it to the IRB Office at irb@umd.edu.