# Standard Operating Procedure

**IRB Authorization Agreement between the**

**University of North Carolina (UNC) School Systems and the**

**Cone Health System (CHS)**

Cone Health System IRB has signed Authorization Agreements to rely on the IRBs at the University of North Carolina located at Greensboro, NC and Chapel Hill, NC (UNC School Systems) for review of research proposals in which investigators at UNC School Systems plan to collaborate with the Cone Health System (CHS).

Cone Health System asks that the UNC-A-01 IRB form be completed for studies using this Authorization Agreement. This form is located under the “Forms” link on the CHS IRB website: <http://www.mosescone.com/IRB>.

Initial Review of a study:

1. Follow the general process for submitting a research proposal to the UNC School Systems IRB.
2. After UNC School Systems IRB approval, contact the CHS [IRB.Coordinator@MosesCone.com](mailto:IRB.Coordinator@MosesCone.com) (phone: 336-832-2330) for assignment of a MCHS IRB #. Please Note: All nursing studies are required to be presented to the Nursing Research Review Committee; contact is [Cheryl.Hausner@MosesCone.com](mailto:Cheryl.Hausner@MosesCone.com).
3. If the research is to be carried out in a division, department or unit of Cone Health System, (e.g., Pharmacy Division; Emergency Department; Nursing Unit) the department director/supervisor must be consulted in advance. Approval to pursue the project must be obtained so as to assure that there are no conflicts in the use of human or financial resources of the unit.
4. Submit the following to the Cone Health System IRB: A completed CHS IRB form UNC-A-01, the approval letter from UNC School Systems’ IRB, and a copy of the original initial application submitted to the UNC School System IRB.
5. The Cone IRB will maintain a file with the above information in their IRB office.

Please Note: The Cone Health System would like to receive notification of annual renewals, closure notices, and SAEs/Unanticipated Problems for all Cone Health System patients. These submissions will be reviewed and placed in the appropriate file.

## FORM UNC-A-01

## Request to Rely on the University of North Carolina School Systems

## IRBs per Signed Authorization Agreement

**PLEASE NOTE: All nursing studies are required to be presented to the Nursing Research Review Committee. Please contact** [**Cheryl.Hausner@MosesCone.com**](mailto:Cheryl.Hausner@MosesCone.com)**. Please contact the Moses Cone Health System** [**IRB.Coordinator@MosesCone.com**](mailto:IRB.Coordinator@MosesCone.com) **(phone: 336-832-2330) to receive a MCHS IRB Project Number.**

**MCHS IRB Project Number**:       **Date of This Request:**

**UNC IRB Project Number:**

**MCHS IRB Authorization Agreement Relying on:**

**UNC (Greensboro) IRB**  **UNC (Chapel Hill) IRB**

**Name and Complete Title of Project:**

**Information Submitted by (Contact):**

### **Contact Phone #:**       **Contact Email Address:**

If the research is to be carried out in a division, department or unit of Moses Cone Health System, (e.g., Pharmacy Division; Emergency Department; Nursing Unit) the Department Director/Supervisor must be consulted in advance. Approval to pursue the project must be obtained so as to assure that there are no conflicts in the use of human or financial resources of the unit.

**Unit where project is to be carried out:**

**Department Director: Name:       Title:**

Department Director’s statement: I have reviewed this research project with the UNC School Systems’ investigator and I assent to the project’s implementation in this unit/department.

**Signature: Date: Department Director**

Please Note: The Moses Cone Health System would like notification of the UNC School Systems’ annual renewals, closure notices, and any SAEs or Unanticipated Problems regarding Moses Cone Health System patients. These submissions will be placed in the appropriate file.

**Signature of IRB Chair: Date: / /**