**Local Context Survey**

To be completed by personnel responsible for IRB reliance agreements at relying institution.

Boulder Contact: Misty.White@Colorado.edu

**Study Title:**

**CU Boulder PI:**

**CU Boulder Protocol #:**

**Relying Institution:**

**Relying Institution PI:**

**Name and title of person completing this form:**

Having reviewed the protocol and consent form (if applicable) for the study identified above,

1. Are there any audit, monitoring, or investigation findings (e.g., OHRP, FDA, or local audits) over the past three years at your site relevant to the conduct of *this* study?

☐Yes ☐No

If “Yes,” please explain the findings and their relevance to this study.

1. In regard to *this* study, are there any unique state or local laws, local policies, or local practices or cultural issues that are pertinent to the IRB review and/or local conduct of the study?

☐Yes ☐No

If “Yes,” please explain below.

1. Does your PI named above or any of your co-investigators have conflicts of interest related to this study that require a management plan?

☐Yes ☐No

If “Yes,” please provide relevant details for the CU Boulder IRB to review.

1. Is there any institutionally-required consent and/or HIPAA language pertinent to this study?

☐Yes ☐No

If “Yes,” please provide below, or in a separate document.

1. Do you have any additional information for the CU Boulder IRB to consider?

☐Yes ☐No

If “Yes” please provide below: