

**Institutional Review Board (IRB) Authorization Agreement**

**Institution or Organization Providing IRB Review:**

Name (Institution A): \_\_\_\_\_\_\_\_\_\_

IRB Registration #: \_\_\_\_\_\_\_\_\_\_

Federalwide Assurance (FWA)#, if any: \_\_\_\_\_\_\_\_\_\_

**Institution Relying on the Designated IRB:**

Name (Institution B): \_\_\_\_\_\_\_\_\_\_

Federalwide Assurance (FWA)#, if any: \_\_\_\_\_\_\_\_\_\_

The Officials signing below agree that Institution B may rely on the designated IRB of Institution A for review and continuing oversight of its human subjects research described below: (check one ):

(\_\_\_) This agreement applies to all human subjects research covered by Institution B’s FWA.

(\_\_\_) This agreement is limited to the following specific protocol(s):

Name of Research Project: \_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_

Sponsor or Funding Agency: \_\_\_\_\_\_\_\_\_\_

Award Number, if any: \_\_\_\_\_\_\_\_\_\_

(\_\_\_) Other (describe): \_\_\_\_\_\_\_\_\_\_

Institution A’s IRB review will meet the human subject protection requirements of Institution B’s OHRP-approved FWA. Institution A’s IRB will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of Institution A’s IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the Institutions A’s IRB’s determinations and with the Terms of Institution B’s OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

Print Full Name: \_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official (Institution B):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

Print Full Name: \_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_