

Institutional Review Board (IRB) Authorization Agreement

Name of Institution or Organization Providing IRB Review (Institution/Organization A):

IRB Registration #: _____ Federalwide Assurance (FWA) #, if any: _____

Name of Institution Relying on the Designated IRB (Institution B):

FWA #: _____

The Officials signing below agree that _____ may rely on the designated IRB 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*): _____

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its 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: _____

NOTE: The IRB of Institution A may need to be designated on the OHRP-approved FWA for Institution B.

Signature of Signatory Official (Institution B):

_____ Date: _____

Print Full Name: _____ Institutional Title: _____