Institutional Review Board (IRB) Authorization Agreement

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

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

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

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

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 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 A):

Date:

Print Full Name:

Institutional Title:

Signature of Signatory Official (Institution B):

Date:

Print Full Name:

Institutional Title: