Institutional Review Board (IRB) Authorization Agreement

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

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

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

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, if any:
    - 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: _____ Title: _____

Signature of Signatory Official (Institution B):

_____ Date: _____

Print Full Name: _____ Title: _____