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

**Name of Institution o r Organization Providing I R B Review (“Reviewing Institution/IRB”)**:

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

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

**Name of Institution or Organization Relying on the Designated IRB (“Relying Institution”)**:

FWA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Officials signing below agree that \_\_\_\_(name of Relying Institution) \_\_may rely on (name of Reviewing Institution/IRB) for review and continuing oversight its human subjects research described below: (*check one*)

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

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

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

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

 Sponsor of Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Number, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Signature of Signatory Official or Designee (Reviewing Institution):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: The IRB of the Reviewing Institution may need to be designated on the OHRP–approved FWA for the Relying Institution.

Signature of Signatory Official or Designee (Relying Institution):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_