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 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 Bôs 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 IRBôs 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: _____