# Institutional Review Board (IRB) Authorization Agreement

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

Name:

IRB Registration #:

Federalwide Assurance (FWA)#, if any:

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

Name:

FWA#:

The Officials signing below agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Institution B) 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:

Signature of Signatory Official (Institution B):

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

Print Full Name:

Institutional Title: \_