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

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

IRB Registration #: \_\_\_\_\_

Federal Wide Assurance (FWA) #, if any: \_\_\_\_\_

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

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 A):**

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

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

Print Full Name: \_\_\_\_\_

Institutional Title: \_\_\_\_\_

**Signature of Signatory Official (Institution B):**

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

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

Print Full Name: \_\_\_\_\_

Institutional Title: \_\_\_\_\_