Institutional Review Board (IRB) Authorization Agreement

**Institution or Organization Providing IRB Review:**

Name (Institution/Organization A): [Type here]

IRB Registration #: [Type here]

Federalwide Assurance(FWA)#, if any: [Type here]

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

Name: [Type here]

FWA#: [Type here]

The Officials signing below agree that [Type here] (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: [Type here]

Name of Principal Investigator: [Type here]

Sponsor or Funding Agency: [Type here]

Award Number, if any: [Type here]

Other (describe): [Type here]

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: [Type here]

Print Full Name: [Type here]

Institutional Title: [Type here]

Signature of Signatory Official (Institution B):

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

Date: [Type here]

Print Full Name: [Type here]

Institutional Title: [Type here]

Reference: Office for Human Research Protections, July 31, 2017