**IRB Authorization Agreement**

Institution or Organization Providing IRB Review (Institution/Organization A)

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| IRB Registration #: | Click or tap here to enter text. |
| FWA #, if any: | Click or tap here to enter text. |

Institution Relying on the Designated IRB (Institution B)

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| FWA #: | Click or tap here to enter text. |

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: | Click or tap here to enter text. |
|  | Name of Principle Investigator: | Click or tap here to enter text. |
|  | Sponsor or Funding Agency: | Click or tap here to enter text. |
|  | Award Number, if any: | Click or tap here to enter text. |
|  | [ ]  Other (describe): | Click or tap here to enter text. |

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 the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request

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Signature of Signatory Official (Institution/Organization A) Date

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Print Full Name

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Institutional Title

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Signature of Signatory Official (Institution B) Date

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Institutional Title