**IRB Authorization Agreement**

Institution Providing IRB Review (Institution A)

Name:

IRB Registration #:

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 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 A 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 A) Date

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Institutional Title

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Signature of Signatory Official (Institution B) Date

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Institutional Title