



Institutional Review Board (IRB) Authorization Agreement

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

Name: _____ FWA# _____

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 _____ (**name of Institution A**) 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 (name of Institution A) will meet the human subject protection requirements of **Institution B's OHRP-approved FWA** _____ 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 B):

Signature: _____ Date: _____

Print Full Name:
Institutional Title:

Signature of Signatory Official (Institution A):

Signature: _____ Date: _____

Print Full Name:
Institutional Title: