



INSTITUTIONAL REVIEW BOARD (IRB) AUTHORIZATION AGREEMENT

Institution Providing IRB Review (Institution A):

IRB Registration #:

FWA #:

Institution Relying on Designated IRB (Institution B):

IRB Registration #:

FWA #:

The Officials signing below agree that **Institution B** may rely on the designated IRB of **Institution A** for review and continuing oversight of the following human subjects research:

Title of Research Project:

Institution A's IRB Protocol #:

Institution A

Name of PI:

Contact Name:

Address:

Phone #:

Email:

Institution B

Name of PI:

Contact Name (if different):

Address:

Phone #:

Email:

Sponsor or Funding Agency:

Award #:

The review performed by **Institution A** will meet the human subjects 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 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.

Signatory Official (Institution A)

Institutional Title:

Printed Name:

Date: _____

Signatory Official (Institution B)

Institutional Title:

Printed Name:

Date: _____