

**Institutional Review Board Authorization Agreement**

**Institution or Organization Providing IRB Review**

Name (Institution/Organization A):	IRB Registration #
	Federal Assurance Number (if any):

**Institution Relying on Designated IRB Review**

Name (Institution/Organization B):	IRB Registration #
	Federal Assurance Number (if any):

**Agreement**

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):

Principal Investigator's Name:	Principal Investigator's Institution:
Study Title:	
Is the Investigator a student doing work on a dissertation or thesis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify with which institution the student is affiliated:	
Sponsor or Funding Agency:	
<input type="checkbox"/> No Funding	Award Number (if any):
<input type="checkbox"/> Funding Source:	<input type="checkbox"/> 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/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.

**Signatures of Signatory Officials**

Institution/Organization A	Institution/Organization B
Print Name:	Print Name:
Institutional Title	Institutional Title
Signature _____	Signature _____