

**Institutional Review Board (IRB)/Independent Ethics Committee (IEC)  
Authorization Agreement**

Name of Institution or Organization Providing IRB Review (Institution/Organization A):

\_\_\_\_\_

IRB Registration #: \_\_\_\_\_ Federalwide Assurance (FWA) #, if any: \_\_\_\_\_

Name of Institution Relying on the Designated IRB (Institution B):

\_\_\_\_\_

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/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.

Signature of Signatory Official (Institution/Organization A):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Institutional Title: \_\_\_\_\_

Signature of Signatory Official (Institution B):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Institutional Title: \_\_\_\_\_