



Institutional Review Board (“IRB”) Authorization Agreement (IAA)

This Agreement is entered into by and between the institutions identified below (each a "party" and collectively the "parties)."

Name of Institution or Organization Providing IRB Review (“Reviewing Institution”):

IRB Registration #: _____

Federalwide Assurance (FWA) #, if any: _____

Name of Institution Relying on the Designated IRB (“Relying Institution”):

IRB Registration #: _____

Federalwide Assurance (FWA) #, if any: _____

The Officials signing below agree that **Relying Institution** may entrust on the **Reviewing Institution** for review and continuing oversight of its human subject research described below: (choose one)

This agreement applies to all human subject research covered by **Relying Institution’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 and continuing oversight performed by Reviewing IRB will meet the human subject's protection requirements of the Relying IRB's OHRP-approved FWA. The Reviewing IRB will follow written procedures for reporting its findings and actions to appropriate officials at Relying IRB. Relevant minutes of IRB meetings will be made available to Relying IRB upon request. Relying IRB 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 at both institutions and provided to OHRP upon request.

Signature of Signatory Official (Reviewing Institution):

Date: _____

Print Full Name: _____

Institutional Title: _____

Signature of Signatory Official (Relying Institution):

Date: _____

Print Full Name: _____

Institutional Title: _____