**Institutional Review Board (IRB) Authorization Agreement**

**Institution or Organization Providing the IRB Review:**

Name (Institution/Organization A):
IRB Registration #:

Federal-wide Assurance (FWA) #, if any:

**Institution Relying on the Designated IRB (Institution/Organization B):**

Name (Institution/Organization 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 of the following:
\_\_ 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 IRB at Organization/Institution A will meet the human subject protection requirements of Organization/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 (Organization/Institution A) Date

Print Full Name of Organization/Institution A Official:

Institutional Title:

Signature of Signatory Official (Organization/Institution B) Date

Print Full Name of Organization/Institution B Official:

Institutional Title: