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

**Institution or Organization Providing IRB Review** (Institution/Organization A): XXXXXXX

**IRB Registration #:** XXXXXXX **Federalwide Assurance (FWA) #:** XXXXXXX

**Institution Relying on the Designated IRB** (Institution B): XXXXXXXXX

**IRB Registration #:** XXXXXX **Federalwide Assurance (FWA) #:** XXXXXXX

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The Officials signing below agree that XXXXXXXXXmay rely on the designated IRB for review and continuing oversight of its human subject 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):

**Research Project:** SAMPLE

**Principal Investigator:** NAME – TITLE, INSTITUTION

**Sponsoring Agency:** SAMPLE

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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:** XXXXXXXXX **Institutional Title:** XXXXXXXXX

**Signature of Signatory Official (Institution B):**

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

**Print Full Name:** XXXXXXX **Institutional Title:** XXXXXXX