

**IRB/Office of Research Compliance Research and Innovation Center**

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

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Registration #(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Wide Assurance (FWA) #:\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Registration #(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Wide Assurance (FWA) #: \_\_\_\_\_\_\_\_\_\_

The Officials signing below agree that **Institution B** may rely on the designated IRB for review of **Institution A** 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):

IRB Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor or Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_) Other (describe): \_\_\_\_\_\_\_\_\_\_

The Signing Officials agree that **Institution A** will provide IRB review and appropriate oversight for the project referenced above. The IRB at **Institution A** will make available copies of relevant minutes, the approved protocol, and/or protocol modifications to **Institution B** upon request. **Institution A** will notify **Institution B** of any adverse events reportable to OHRP in a timely manner. **Institution B** remains responsible for ensuring compliance with the IRB’s determinations and with the terms of its own OHRP-approved FWA. This agreement will remain in effect until the activities are completed and/or the protocol is closed. This document must be kept on file by both parties and provided to OHRP upon request.

**Institution A** Name of Signatory Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institutional Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

NOTE: The IRB of Institution A may need to be designated on the OHRP-approved FWA for Institution B.

**Institution B:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Title:

Phone #: email:

Signature of Signatory Official: Date:

**NOTE: Only when a copy of the final version of the IAA which includes all requested information, and the signatures of both Institutions’ Signatory Officials is reviewed by the AU IRB Reviewer will IRB approval be issued. No research activities may occur until IRB approval is issued.**