

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

**Telephone: 334-844-5966 540 Devall Building**

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

**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:

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