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

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

IRB Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Wide Assurance (FWA) #, if any\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Institution (B) or Organization Relying on the Designated IRB: \_\_\_ Drake University \_\_\_\_\_\_

FWA #, if any: \_\_\_\_ FWA00011321\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Officials signing below agree that \_\_\_\_\_\_\_\_\_\_\_\_(Institution B) may rely on the designated IRB for review and continuing oversight of the human subject research described below. This agreement is limited to the following specific protocol:

This agreement applies to all human subject research covered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s FWA

(Institution A)

This agreement is limited to the following specific protocol:

Human Subjects Application Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Subjects Application Number: \_\_\_\_\_\_\_\_\_\_

Principal Investigator of Human Subjects Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*NOTE: The IRB of Institution A must be designated on the OHRP-approved FWA for Institution B.*

Signature of Signatory Official (Institution/Organization B):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_