Institutional Authorization Agreement

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

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

Federalwide Assurance (FWA) #, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FWA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Officials signing below agree that Piedmont Healthcare Institutional Review Board may rely on the designated IRB for review 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):

Name of Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor or Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Number, if any: \_\_\_\_\_\_\_\_\_\_

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

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. The initial IRB approval, protocol, consent, amendment approval letters, renewal approval letters, and relevant minutes of IRB meetings will be made available to Institution B. 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 B):

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

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