

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: _____