

Institutional Review Board (IRB) Authorization Agreement

Name of Institution Providing IRB Review (Institution A):

IRB XXXXXX FWA XXXX

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

**Abilene Christian University
IRB 00009869 FWA 00025095**

The Officials signing below agree that [*Institution B*] 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 A's FWA.

This agreement is limited to the following specific protocol(s):

Name of Research Project:

Name of Principal Investigator:

Sponsor or Funding Agency:

Other (*describe*): _____

The review performed by the designated IRB will meet the human subject protection requirements of Institution A'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.

Any further designation of roles and responsibilities for Institutions A and/or B are as follows:

Signature of Signatory Official (Institution/Organization A):

_____ Date: _____

Print Full Name: _____ Institutional Title: _____

Signature of Signatory Official (Institution B):

_____ Date: _____

Print Full Name: Russell Kruzlock Institutional Title: Vice President of Research