Institutional Review Board (IRB) Authorization Agreement

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

IRB Registration #: Federal-wide Assurance (FWA) #, if any: 10759

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

IRB Registration #: Federal-wide Assurance (FWA) #, if any:

The Officials signing below agree that Linfield Universitymay 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.

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

Name of Research Project***:***

Name of Institution A’s Principal Investigator:

Sponsor or Funding Agency:

(\_\_\_) 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. 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:

Signature of Signatory Official (Institution/Organization B):

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

Print Full Name: Megan Kozak Williams Institutional Title: IRB Chair