Institutional Review Board (IRB)/Independent Ethics Committee (IEC)

Authorization Agreement

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

University Of San Diego

IRB Registration #00001310

Federalwide Assurance (FWA) #: FWA00000583

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

Institution Name:

IRB Registration #:

Federalwide Assurance (FWA) #:

The Officials signing below agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may rely on the designated IRB for review and continuing oversight of its human subjects research described below:

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

Name of Research Project**:**

Name of Relying Institution Principal Investigator:

Name of Principal Investigator:

Sponsor or Funding Agency:

( ) The OHRP-approved FWA associated with the Institution Relying “checks” an optional box and elects to apply

( ) The Common Rule

( ) The Common Rule and subparts B, C, and D of the HHS regulations at 45 CFR part 46

( ) The OHRP-approved FWA associated with the Institution Relying does not “check” an optional box

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: Dr. Eileen Fry-Bowers Institutional Title: Administrator, Institutional Review Board

 University of San Diego

Signature of Signatory Official (Institution/Organization B):

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

Full Name: Institutional Title: