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|  | **Institutional Review Board** |

irb@oldwestbury.edu

Authorization Agreement
*valid for TWO YEARS (renewable) from date of IRB signature*

Institutional Review Board (IRB) Authorization Agreement

Sample text for an Institution with a Federalwide Assurance (FWA) to rely on the IRB/IEC of another institution (institutions may use this sample as a guide to develop their own agreement).

**Institution or organization *providing IRB review*:**

Name: SUNY Old Westbury

IRB Registration #: IRB00001536

FWA#: 00001106

**Institution *relying* on the designated IRB (Institution B):**

Name (Institution/Organization B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

The Officials signing below agree that SUNY Old Westbury 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. 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 (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official (SUNY Old Westbury):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_