Illinois Criminal Justice Information Authority - IRB

Institutional Review Board (IRB) Authorization Agreement (IAA)

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

IRB Registration #: Federalwide Assurance (FWA) #, if any:

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

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

IRB Registration #, if any: Federalwide Assurance (FWA) #, if any:

 The Officials signing below agree that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may rely on the designated IRB for review and continuing oversight of its human subjects research described below: (*check one*)

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

 **Institution A: ()**

 Name of Research Project:

 Protocol Number:

 Name of PI:

 Sponsor or Funding Agency:

 **Institution B:**

 Name of Research Project:

 Protocol Number:

 Name of 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, such as relevant minutes of IRB meetings, to appropriate officials at Institution B. Institution B remains responsible for ensuring compliance with the IRB’s determinations and with regulations at 45 CFR 46. This authorization agreement shall continue for the duration of the research described above or until the end of Institution A’s or Institution B’s participation.

Either institution’s IRB may terminate the agreement in the event that any party’s FWA is suspended, terminated or expired. This signed form shall be kept on file at both institutions and provided to the Office for Human Research Protections upon request.

**Signature of Signatory Official (Institution A--):**

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

**Name:**

**Institutional Title:**

**Address:**

**Phone Number**: **Email:**

**Signature of Signatory Official (Institution B):**

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

**Name:**

**Institutional Title:**

**Address:**

**Phone Number: Email:**

**Attachment A**

**Description of ALL Research Activities to be Conducted by Institution B for its Human Subjects Research Activities Described on IAA Form**