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**Institutional Review Board**

**Institutional Review Board (IRB) Authorization Agreement**

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

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

**IRB Registration #:** \_\_\_\_\_\_\_\_\_\_\_ **Federalwide Assurance (FWA) #:** \_\_\_\_\_\_\_\_\_\_\_

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

**FWA #:** 0001867

The Official signing below agree that ***SUNY Brockport*** 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 subject research covered by SUNY Brockport’s FWA.**

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

|  |  |
| --- | --- |
| Name of Research Project: |  |
| Name of Principal Investigator: |  |
| Study Number: |  |
| ***Please identify the extent of your involvement in this project as an agent of Institution B:*** |  |
| Sponsor or Funding Agency: |  |
| Award # (if any): |  |

[ ] **Other (describe):**

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|  |

The review and continuing oversight provided by the designated IRB will meet the human subjects protection requirements of Institution B’s OHRP-approved FWA. The IRB at Institution B will follow written procedures for reporting its findings and actions to appropriate officials at Institution A. Relevant minutes of IRB meetings will be available to Institution A 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.

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Signatory Official (Institution A):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_

**Contact Information:**

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**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Signatory Official (Institution B):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_

**Contact Information:**

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| SUNY Brockport350 New Campus DriveAllen 520Brockport, NY 14420(585) 395-2444 (voice)irb@brockport.edu  |