**Instructions (To be removed once form is completed):**

* **For processing a request for the CU IRB to serve as the IRB of Record for an external site engaged in research this form would need to be completed by Chapman University PI.**
* **Once the form is completed, it should be submitted via email to irb@chapman.edu**
* **Please ensure the information for the local and external PI should be provided below in the appropriate sections.**
* **Any questions can be forwarded to** [**irb@chapman.edu**](mailto:irb@chapman.edu%20)

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

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

**Name of Institution/Organization:** Chapman University

**IRB Registration #:** IORG0004785

**Federalwide Assurance (FWA) #:** 00011020

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

**Name of the Institution/Organization:** Please Complete

**IRB Registration #:** Please Complete

**Federalwide Assurance #:** Please Complete

The Officials signing below agree that Institution B may rely on the designated IRB for review and continuing oversight of its human subject research described below: (choose one)

(\_\_\_) This agreement applies to all human subject research covered by Institution B’s FWA.

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

Study Number and Title of Research Project:

Name of Principal Investigator:

Name of Collaborator:

Study Location:

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. This document must be kept on file by both parties and provided to OHRP upon request.

This Agreement is effective on the date that the last official signs and may be terminated by either party at any time.

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

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

Print Full Name:

Institutional Title:

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

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

Print Full Name: Please Provide

Institutional Title: Please Provide

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