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

* **For processing a request for the CU IRB to cede review (rely) on an external IRB this form would need to be completed by the internal Chapman University PI.**
* **Once the form is completed, it should be submitted via email to** [**irb@chapman.edu**](mailto:irb@chapman.edu)
* **Please ensure the study information is included for the local and external IRB.**
* **Any questions can be forwarded to** [**irb@chapman.edu**](mailto:irb@chapman.edu)

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

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

**Nate of Institution/Organization:** Please Complete

**IRB Registration #:** Please Complete

**Federalwide Assurance (FWA) #:** Please Complete

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

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

**IRB Registration #:** IORG0004785

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

The Officials signing below agree that Chapman University 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 A’s FWA.

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

Study Number and Project Title:

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: Please Provide

Institutional Title: Please Provide

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

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

Print Full Name:

Institutional Title:

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