

IRB Authorization Agreement (IAA) Wheaton College

Institution providing IRB review (Institution A):

Name (Institution/Organization A): _____

IRB Registration #: _____

Federalwide Assurance (FWA) #: _____

Institution relying on the designated IRB (Institution B):

Name: _____

IRB Registration #: _____

Federalwide Assurance (FWA) #: _____

Note: Wheaton's IRB registration number is 00006929, and Wheaton's FWA is 00014149

The officials signing below agree that _____ (name of Institution B) may rely on the IRB at _____ (name of Institution A) as the designated IRB for review and continuing oversight of its human subjects research described below:

Name of Research Project: _____

Name of Principal Investigator: _____

IRB Study Number: _____

Sponsor or Funding Agency (if applicable): _____

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 (Institution A): _____

Date: _____

Print Full Name: _____

Institutional Title: _____

Signature of Signatory Official (Institution B): _____

Date: _____

Print Full Name: _____

Institutional Title: _____