

Institutional Authorization Agreement

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| **Name of Institution Providing IRB Review** *(Institution A)***:** University of New Haven | |
| **IRB Registration #:**  IORG00005695 | **Federalwide Assurance (FWA) #:** FWA00003152 |
| **Name of Institution Relying on the Designated IRB** *(Institution B)***:** | |
| **Institution B Federalwide Assurance (FWA) #:** | |
| **The Officials signing below agree that Institution Bmay rely on the University of New Haven’s IRB for review and continuing oversight of the human subjects research described below. This agreement is limited to the following specific protocol(s):** | |
| **Title of Protocol:** | |
| **Protocol #:** | |
| **Principal Investigator:** | |
| **Institution B Investigator(s):** | |
| **Sponsor of Funding Agency (include award #):** | |

**University of New Haven IRB will serve as the IRB of record for research covered under this agreement; it will review the research as specified above, consistent with the requirements of 45 CFR 46 and 21 CFR 50, 56, 312, and 812, as applicable. The University of New Haven IRB 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 Institution B’s IRB’s determinations and with the Terms of its OHRP-approved FWA, and all other applicable laws and regulations related to the conduct of research covered under this agreement. 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. If the Agreement is terminated prior to the completion of the research, Institution B will need to obtain alternative IRB review.**

**SIGNATURES**

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| Authorized Official – Institution B: | Date: |
| Institution B Official Printed Name/Title: | Date: |
| **Authorized Official** – **University of New Haven:** | Date: |

**Please email this form and any supporting documents to the IRB Chair at** [**IRB@newhaven.edu**](mailto:IRB@newhaven.edu)