



**LIBERTY IRB AUTHORIZATION AGREEMENT**

**Name of Institution or Organization Providing IRB Review:** [Organization A]

Liberty IRB, Inc.

IRB Registration: IRB00003411 Board #1

IRB00008679 Board #2

**Name of Institution Relying on the Designated IRB** [Institution B]:

\_\_\_\_\_

FWA #: \_\_\_\_\_

The Officials signing below agree that [Name of Institution B] \_\_\_\_\_ may rely on the designated IRB for review and continuing oversight of its human subject research described below. *[check one]*

This agreement applies to all human subjects' research covered by Institution B's FWA.

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

Name of Research Project: \_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_

Sponsor or Funding Agency: \_\_\_\_\_

Award Number, if any: \_\_\_\_\_

Other *[Please 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.

Signature of Signatory Official (Institution/ Organizations A):

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

Print Full Name: \_\_\_\_\_



**LIBERTY** IRB, Inc.  
A CENTRAL INSTITUTIONAL REVIEW BOARD



Title: \_\_\_\_\_

Signature of Signatory Official (Institution B):

\_\_\_\_\_

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

Print Full Name: \_\_\_\_\_

Title: \_\_\_\_\_