



Institutional Review Board (IRB) Authorization Agreement (IAA) between

_____ *and* _____
National University of Natural Medicine

Institution Relying on the Designated IRB (Institution A): National University of Natural Medicine

Federal-wide Assurance (FWA) #: FWA00003419

IRB Registration #: IRB 00002896

Institution/Organization Providing IRB Review (Institution B): _____

FWA #: _____

IRB Registration #: _____

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

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

This agreement is limited to the following specific protocol:

Research Project:

Principal Investigator:

IRB #:

Sponsor or Funding Agency:

Award Number:

Other (describe):

The review performed by the designated IRB will meet the human subject protection requirements of Institution A's OHRP-approved FWA. The IRB at Institution B will follow written procedures for reporting its findings and actions to appropriate officials at Institution A. Relevant minutes of IRB meetings will be made available to Institution A upon request. Institution A 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):

Signature of Signatory Official (Institution B):

Date: _____

Date: _____

Print Full Name: _____

Print Full Name: _____

Institutional Title: _____

Institutional Title: _____

IRB Authorization Agreement

Study Title:

PI:

IRB#:

Approval Date: