



**Institution or Organization Providing Designated IRB Review:**

Name (Institution/Organization A):

IRB Registration #:

Federalwide Assurance(FWA) #:

**Institution Relying on the Designated IRB (Institution B):**

Name (Institution/Organization B) : Methodist University

FWA#: FWA00023497

The Officials signing below agree that Methodist University may rely on the designated IRB for review and continuing oversight of its human subjects 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 (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/Organization A):**

\_\_\_\_\_



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

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

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

Signature of Signatory Official (Institution B):

\_\_\_\_\_

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

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

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