**blank page for AHCInstitutional Review Board (IRB) Reliance (Authorization) Agreement**

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| **Institution with Reviewing IRB**: (Institution A) | | |  | | | |
| **Contact Information for Institution with Reviewing IRB:** | | | Name/Title:      /  Address:  City, State, Zip Code:      ,      ,  Telephone:  Email: | | | |
| **Reviewing IRB Registration #:** | | |  | | | |
| **Name of Institution Relying on the Reviewing IRB:**  (Institution B) | | |  | | **FWA #** | |
| The Officials signing below agree that       (Institution B) 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 project(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 program requirements of Institution B’s OHRP-approved FWA. The designated institution will follow its 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 designated IRB’s determinations and with the terms of any agreements between the relying organization and applicable regulatory agencies. This document must be kept on file by both parties and provided to applicable regulatory agencies upon request.* | | | | | | |
| Signature of Signatory Official (Institution A): | |  | | | | Date: |
| Print Full Name: | | | | Title: | | |
| NOTE: The IRB of Institution A must be designated on the OHRP-approved FWA for Institution B. | | | | | | |
| Signature of Signatory Official (Institution B): | |  | | | | Date: |
| Print Full Name: | | | | Title: | | |

**Division of Responsibilities**

A. The responsibilities of the institution with the Reviewing IRB (Institution A) are to:

1. Maintain an active IRB Registration with OHRP;
2. Maintain a Board membership that satisfies the requirements of 45 CFR 46, 21 CRF 56;
3. Make available to the Relying Institution Standard Operating Procedures upon request;
4. Perform initial reviews, continuing reviews, reviews of submitted reportable events for the ceded research that involve risks to subjects or others, amendments, incidents of serious and/or continuing noncompliance, and reviews of any other documents as needed to be consistent with the applicable regulations;
5. Maintain and make accessible to the Relying Institution the IRB application, protocol reviews, letters to Principal Investigators, approvals and disapprovals, and minutes of the IRB meetings relevant to the protocol;
6. Notify the Relying Institution immediately in the event of a suspension or restriction of the Reviewing IRB’s authorization to review studies; and
7. Provide the Relying Site approved informed consent form(s). The consent form will indicate areas where the Relying Site may add language or otherwise customize the consent form for its own site. The changes are generally limited to the following areas: HIPAA, payment for research related injury, site-specific religious and cultural norms, and local contacts. Any modifications will be subject to approval by the Reviewing IRB, which will then provide a final approval consent form to the Relying Site for use;
8. Receive and review all conflict of interest determinations including management plans, which might need to include appropriate redactions, made by the Relying Site. The Reviewing IRB will ensure that any management plans are incorporated into its deliberations and that any mandated disclosures to subjects are included in the approved informed consent form. If the Reviewing IRB determines that a management plan requires modifications in order to ensure protection of Research participants, the Reviewing IRB will promptly notify the Relying Site. If the Relying Site is not willing to modify its management plan consistent with the Reviewing IRB’s request, then the Research will not be eligible for review under this Agreement. The Reviewing IRB will not disapprove prohibitions or management plans that are more stringent or restrictive than what the Reviewing IRB would require. If the Reviewing IRB is unable to implement the Relying Site’s prohibitions or management plans, the Research will not be eligible for review under this Agreement; and
9. Notify the Relying Institution of any Reviewing IRB policy decisions or regulatory matters that might affect the institution’s reliance on the Reviewing IRB reviews or performance of the research at the Relying Institution.

B. The responsibilities of the Relying Institution are to:

1. Maintain an FWA.
2. Maintain a human subjects protection program, as required by the DHHS OHRP;
3. Provide the IRB with the current the names and addresses of a local contact person who has the authority to communicate for the Relying Institution (e.g., IRB administrator);
4. Ensure that the Principal Investigators and other Research Personnel at the Relying Site who are involved in the Research are appropriately qualified and meet the Relying Site’s standards for eligibility to conduct Research.
5. Perform local analysis of any specific requirements of state or local laws, regulations, policies, standards (social or cultural) or other factors applicable to the Research, and notify the Reviewing IRB of any relevant requirements or results of the analysis that would affect its conduct of the Research. Provide the applicable information to the Reviewing IRB as appropriate for consideration;
6. Perform local review by other local ancillary committee reviews (e.g. ROE, etc.) when required by the Relying Site’s policies. The determinations should be provided to the Reviewing IRB when pertinent to its review and determinations;
7. Provide the Reviewing IRB with all specific wording needed to complete the identified site-specific sections of the study consent form(s) approved by the Reviewing IRB;
8. Maintain policies regarding the disclosure and management of conflicts of interest related to Research and share those policies with the Reviewing IRB when requested. Ensure that Relying Site Investigators and other Research Personnel involved in the Research disclose financial interests as required under the Relying Site policies. Ensure that conflicts of interest are reviewed and a management plan is implemented, if and as required under Relying Site policies. Provide all management plans to the Reviewing IRB for its review and consider modifications from the Reviewing IRB (as described in A.8 above). The Relying Site will ensure compliance of all management plans related to the Research.
9. Notify the Reviewing IRB immediately if there is ever a suspension or restriction of the local IRB’s authorization to review studies;
10. Notify the Reviewing IRB immediately if there is a suspension or restriction of the investigator at the relying institution;
11. Ensure the safe and appropriate performance of the research at the Relying Institution. This includes, but is not limited to: monitoring study compliance; reviewing major protocol violations, and any unanticipated problems involving risk to subjects and others that occur at the institution; ensuring a mechanism exists by which complaints about the research can be made by local study participants or others.
12. Any actions taken as a result of problems that are identified in these areas should be shared with the Reviewing IRB;
13. Require the PI at the Relying Institution to maintain appropriate copies of all approvals, and other correspondence documenting the review and approval of the research as required by the regulations;
14. Maintain compliance with any additional state, local, or institutional requirements related to the protection of human subjects;
15. The Relying Institution may, at any time, choose to change its decision to cede review for the research. In such cases the Reviewing IRB and Relying Site will work together to facilitate the transfer of IRB oversight with the goal of limiting the potential disruption to the Research. Until the IRB oversight is transferred, the Reviewing IRB will continue to assume oversight responsibility.