Institutional Review Board (IRB) Authorization Agreement

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

# IRB Registration #: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Federal wide Assurance (FWA) #, if any: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of Institution Relying on the Designated IRB: *State University of New York at New Paltz*

*FWA00000127*

The Officials at *[Institution Name]* signing below agree that the *State University of New York at New Paltz* may rely on the *[Institution Name] IRB* for review and continuing oversight of its human subjects research described below. 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: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

The review performed by the IRB at *[Institution Name]* will meet the human subject protection requirements of the OHRP-approved FWA for *SUNY New Paltz*. The IRB at *[Institution Name]* will follow written procedures for reporting its findings and actions pertaining to this protocol to appropriate officials at *SUNY New Paltz*. The *[Institution Name]* IRB meeting minutes pertaining to this protocol will be made available to *SUNY New Paltz* upon request. *SUNY New Paltz* remains responsible for ensuring compliance with *[Institution Name]* IRB 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 Name]*):

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

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

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

NOTE: The IRB of *SUNY New Paltz* may need to be designated on the OHRP-approved FWA for *[Institution Name]*.

Signature of Signatory Official (*SUNY New Paltz*):

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

Print Full Name*:* ***Dr. Lorin Basden Arnold***

Institutional Title*:* **Provost and Vice President of Academic Affairs**