IRB AUTHORIZATION AGREEMENT

**Name of Organization Providing IRB Review**:

Salus IRB is registered with the United States Department of Health and Human Services (DHHS) IRB Registration System for OHRP and FDA under parent organization number IORG0005674 and registration numbers IRB00006833 (Board 1), IRB00006834 (Board 2), IRB00009473 (Board 3), and IRB00013027 (Board 4).

Salus IRB is appropriately constituted, organized, and conducts ethical review in accordance with the U.S. Food and Drug Administration (21 CFR Parts 50 and 56), the Department of Health and Human Services (45 CFR Part 46), the ICH Guidelines for Good Clinical Practice E6 (R2), and the ethical principles outlined in the Belmont Report.

**Name of Institution Relying on the Designated IRB** (Institution):

**Institution’s FWA #:**

The Officials signing below agree that insert institution name here 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’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 Salus IRB will meet the human subject protection requirements of the Institution’s OHRP-approved FWA. Salus IRB will follow written procedures for reporting its findings and actions to appropriate officials at the Institution. Relevant minutes of IRB meetings will be made available to the Institution upon request. The Institution remains responsible for ensuring compliance with Salus IRB’s determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and be provided to OHRP upon request.

**Signature of Signatory Official of Salus** **IRB:**

Signature Date

Print Full Name, Title

NOTE: Salus IRB may need to be designated on the OHRP-approved FWA for your Institution.

**Signature of Signatory Official (Institution):**

Signature Date

Print Full Name, Title